

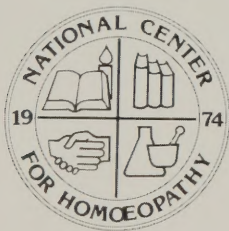
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PURPURA.

Purpura.

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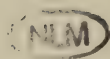
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York Academy of Sciences, of the American
Institute of Homœopathy, and of
other Learned Societies,
etc., etc.

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TO

PROF. SAMUEL LILIENTHAL, M. D.

WHO, BY HIS PROFESSIONAL WORTH AND INDUSTRY,
HAS DONE SO MUCH TO ESTABLISH SCIENTIFIC
THERAPEUTICS, THIS VOLUME IS GRATE-
FULLY DEDICATED.

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PREFACE.

At the annual meeting of our State Society this year, the topic of the *Materia Medica* of Hæmorrhage was selected as one of the special subjects for study, and to me was assigned the duty of writing up so much of that topic as pertained to *Purpura hæmorrhagica*, a disease in which my experience was limited, and of which I knew very little. Conversation with professional associates developed the interesting fact that I was not alone in mental nebulosity on this subject, and I then set myself systematically to work to study it up. The result is bound within these covers. I have endeavored to garner the experience and wisdom of the profession, and to present it in such a convenient shape that he who runs may read. There have been a number of interesting cases contributed at various times to periodical literature, and of these I have here presented all that have seemed to me to possess practical value, as far as I have been able to secure them ; and

I have waded through many hundreds of volumes for the results obtained. In addition to this, I have secured some thirty odd heretofore unpublished cases, many of them of great value as studies in therapeutics. In a word, while I have but four cases to report of my own, and indeed one of these has been added just as the manuscript is completed, I have been able, through the generosity of my *confreres*, to place in orderly array so much that possesses intrinsic worth, that the subject is lifted from therapeutic obscurity to comparative practical certainty.

It was utterly outside of my intention to do more than present a creditable and useful paper to the society which honored me in its selection ; but the material soon outgrew the limits of such a report, and encouraged by the suggestions of those who desired to possess the therapeutics of this interesting disorder, in a convenient form, it is sent forth in its present shape.

G. W. W.,

No. 29 West Twenty-Sixth St.,

New York, Nov. 2, 1885.

PURPURA.

The peculiar discoloration of the skin, from which this disorder takes its name, is caused by hæmorrhage into the cutaneous substance. Extravasation of blood into the tissues, more especially into the skin and mucous membrane, is a symptom common to many affections. Thus in the course of malignant diseases, such as diphtheria, smallpox, or scarlatina, hæmorrhage into the tissues is by no means uncommon. A like condition is caused by certain corrosive drugs, such as phosphorus. A more persistent and characteristic hæmorrhage is a factor in that sequence of symptoms which we denominate as scurvy. A bruise from external violence, presents all the objective symptoms of a purpuric spot, and the tiny ecchymoses resulting from the bites of fleas are of the same general type, as far as outward appearance goes. Text-book authorities have classified all

these conditions under the title purpura. Thus the ecchymoses from flea-bites are called *purpura pulicosa*; those from external violence, *purpura traumatica*; those accompanying scurvy, *purpura scorbutica*; those from blood-changes induced by corrosive drugs, *purpura toxica*; those occurring in malignant cases of smallpox, *purpura variolosa*; and so on, in variety too numerous to mention. Now, it is quite evident that such designations are misleading as they group together, under a generic name, unrelated disease-conditions, quite irrespective of etiological or pathological significance. If purpura is merely a local hæmorrhage, or a series of local hæmorrhages, then it does not deserve to be classed as a disease, but is only a symptom, and the word purpura should be dropped from our nomenclature.

Although none of the conditions designated above possess the qualities which entitle them to be set aside into a group of cases by themselves, to which we might with propriety apply the term purpura, there are groups of symptoms, indicating a morbid action of a definite character, but varying very greatly in intensity

in different individuals, to which the term may be appropriately given. From this class will be excluded all the conditions heretofore designated, not only because they do not present any definite etiological or pathological similarity, but because these all occur as epiphenomena, and not as in true purpura, where the extravasation is the pivotal, or key-note, symptom of the case. We do not, therefore, include in the definition of purpura, the effects of internal or external violence, the action of poisons, or the results of specific or contagious diseases.

Purpura is a somewhat rare disorder. Seventy American and British homœopathic physicians, who have each been in continuous practice for upwards of twenty years have only treated one hundred and forty-nine cases of the hæmorrhagic variety in all ; and yet these were selected from among the entire homœopathic fraternity as the ones most likely from their hospital connection, and otherwise, to have been brought in contact with this disorder. And of thirty-four other physicians, who had been in practice an average of ten years, only seventeen had

seen a case of hæmorrhagic purpura, and but three of these had seen more than one. Still while purpura is by no means common, especially in its severer forms, every practitioner is liable at any time to have such a case presented to him for diagnosis and treatment. Only a few years ago, three prominent physicians in this city diagnosed a case as hæmorrhagic smallpox, which to their confusion, proved to be, on *post-mortem* examination, purpura.

Purpura, when fully developed is one of those unique diseases, which from its striking physical manifestations, takes a firm grasp upon the imagination of the beholder, and arouses consternation in the family of the sufferer. Human blood, even when the quantity is insignificant, is an object of terror to the general, and the doctor who can make a brilliant cure of such a case, is already on the high road to professional success.

ETIOLOGY.

The cause of purpura has never been definitely determined. It occurs under diversified conditions, and all these have been in turn assigned

as causes. Impure air, damp or miasmatic lodgings, improperly prepared or scanty food, fatiguing and laborious occupations, or intemperance cannot reasonably be assigned as causes, though purpura is often consecutive to these ; yet many live among the most deleterious surroundings, never know what it is to have a decent meal, never recover from the fatigue of one day before compelled to begin the labors of the next, or imbibe to degradation and by continuous habit without inducing a vestige of this disorder. Jaundice, acute rheumatism, the exanthemata, and menstrual derangements, may each be followed by purpura, and are so followed in proportion of frequency to the order here named ; but then, it also occurs in persons apparently in good health, and in those who have not been exposed to any debilitating influences. Jaundice and purpura are so frequently associated, that the older writers, who were fond of giving names to things, and who seemed to be impressed with the idea that as soon as they had labeled a disease they had accomplished all that could be reasonably expected of them, used the term *purpura*

hepatica. Irregularities of menstruation cannot be classed as a cause of purpura, although it is a frequent concomitant of amenorrhœa. It is more than probably that both are symptomatic and not causative. It would seem in some of these cases as if the purpura was of the nature of a vicarious hæmorrhage, as the purpuric patches have been known to disappear as soon as menstruation was established. Almost any of the chronic alterations in the viscera may be associated with purpura, more especially amyloid changes. It has been claimed that purpura depends upon some minute organism in the blood. Thus Watson Cheyne describes a plugging of the capillaries with masses of bacilli¹; and Petrone injected hypodermically into rabbits blood drawn from purpuric patients and thus produced widely distributed hæmorrhages.² It must be admitted that this would be a very convenient theory, from the fact that no other immediate cause of the disease is known; but unfortunately for its value as a theory several varieties of micro-organisms

¹Ziemssens' *Cyclopædia*, xvii, 258.

²*Lo Sperimentale*, 51, 1883.

have been described as thus occurring. This throws much doubt on the whole matter, and still leaves the question wide open.

Purpura occurs in both sexes, and at any age, but is most frequent at the extremes of life. It might be easily confused in childhood with hæmophila ; but purpura is not hereditary, and generally occurs suddenly, without previous hæmorrhages, while hæmophila can be easily diagnosed by the family history and the previous occurrence of hæmorrhage. The hæmorrhagic diathesis is more likely to afflict the female members of the family, but there is no such difference in the attacks of purpura. The only reason why purpura seems more particularly a disorder of childhood and senility is, that in the very young the tissues of the capillaries are extremely thin and soft, and in the aged they are very brittle, and so in both cases fracture is more probable than in those of mature but vigorous life. A diet of salt meat, or an absence of vegetable food, has no influence in causing purpura ; this sufficiently differentiates it from scurvy, and shows the inappropriateness of the term *land-scurvy* which has been applied to it.

Not only is there obvious confusion as to the cause of the hæmorrhage in these case, but there is likewise the same uncertainty as to how it is brought about. The escape of blood globules from the capillaries may take place by transudation without rupture of the capillary tissues ; but even this presupposes some change either in the capillary or in the blood. At one time the disorder was ascribed to debility in the heart's action, and to defective nutrition of the circulatory system ; but it is evident that this cannot be a prime cause as extreme cardiac debility may exist for many years, and cause death, without purpura developing. Nevertheless, anything which tends to prevent ample nutrition of the lesser blood-vessels would facilitate the development of this disorder. As a rule, there must be some degenerative change in the capillaries, which makes them especially liable to give way under blood-pressure, although the initial morbid disturbance may have been in the blood itself. Dr. Wilson Fox has observed a case in which the capillaries were in process of lardaceous degeneration. He observes, in regard to this,

as an explanation as to the manner in which purpura may arise : " Another very important question is, how far this affection of the capillaries can be logically considered to have been the cause of the hæmorrhage. Any direct association of the two changes will probable be considered doubtful by many who know that lardaceous affections of tissues are rarely associated with hæmorrhage ; and further, that the changes in the parenchyma of organs and in mucous membranes thus affected is often preceded by a similar change in the smaller vessels¹. The evidence as it stands at present is decidedly against such a theory of causation, unless one or two hypotheses may be admitted to explain the connection of the phenomena observed. (1) May this lardaceous degeneration, which we know chiefly as a chronic disease, occur occasionally in a more acute form, and in this manner so rapidly alter the elasticity of the vessels, before their diminished calibre can have retarded the flow of blood in the part, that rupture and

¹ Virchow, *Cellular Pathology*, page 374.

hæmorrhage ensue ? (2) Is it possible that this lardaceous change, occurring only in *tracts* of tissues, may throw such a stress on the collateral capillary circulation of the tissue around, that adjacent but comparatively unaffected capillaries give way ? Both theories derive some support from the observations made on the dissemination of the degeneration in this case, and also from the observations of Zenker, in a similar degeneration of the muscles in typhoid fever."¹

Purpura has been artificial induced in a variety of ways. Simon has produced it by dividing some of the sympathetic ganglia in the neck of the frog ; softening of the tissues first occurring (Hilliard). It is possible that this fact may bring us very near the correct explanation. As there is no constant condition of the blood, or of the circulatory organs, or of tissues immediately affected by the extravasation, which points surely to this disorder, it may well be that the cause back of all may be some abnormal state of the sympathetic nervous

¹ *Ueber die Veränderungen der willkührlichen Muskeln in Typhus Abdominalis.* Leipeig, 1864.

system. Thus Da Costa says that as the disease comes on frequently in the midst of seemingly excellent health, it cannot be merely a disease of the blood, but is possibly the result of impaired power in the capillaries, through that part of the nervous system that controls them—the vaso-motor system.

Many drugs cause purpura : some of these pathognomically, and others only in special cases, or particular individuals. Tilbury Fox has shown that the injection of ammonia into the veins will cause extravasations of blood into various parts of the cutaneous surface, and hæmorrhages from the mucous membranes. Virchow injected putrescent matter into veins, and saw resulting therefrom ecchymoses of the endocardium, of the lungs, liver, kidneys, and intestines.¹ Dr. Parkes has shown that an excess of iron in the blood tends to produce purpura : but this observation is of little practical importance, as in a multitude of other instances it has been shown that the blood of purpuric patients does not contain an excess of

¹ Quoted by Tilbury Fox in Reynold's *System of Medicine*, Vol. I, page 466.

the ferric salts. Indeed almost every one of the natural constituents of the blood have been found normal, excessive, and deficient in various purpuric patients; thus proving absolutely nothing.

Frerichs has suggested that there is an abnormal attraction between the capillaries and the blood, from whence arise obstruction and rupture. This is somewhat like Watson Cheyne's theory of the plugging up of the capillaries with bacilli; but both propositions are wanting in real, good, solid facts to stand on. Hebra is of the opinion that temperature and clothing have much to do with the production of this disorder; but this also seems a mere fanciful idea. Climate really has little or no influence on the development of this disorder. In fact, nothing positive can be advanced, the more careful the observer the more cautious his utterances, and while many theories have been discussed nothing definite is known of the cause of the disease of which cutaneous hæmorrhage is the visible evidence.

PATHOLOGY.

Pathology gives us very little definite infor

mation. It does tell us that these discolorations are real extravasations of blood into the cutaneous tissue, and not merely the leaking through the capillary wall of the coloring matter; that sometimes these hæmorrhagiæ are quite extensive, invading the contiguous tissue of an entire limb; that in many cases they extend into the subcutaneous cellular tissue or even into the muscular structure; that they very frequently invade the mucous and less frequently the serous tissues, and that there may be not only ecchymoses upon these, but actual hæmorrhages, debilitating in severity or frequency, from the nasal passages, the buccal cavity, the pharynx, the stomach, or the intestines, and into the sacs surrounded by the pleura, the pericardium, or the peritoneum. *Post-mortem* examination usually shows the lungs and brain to be in a normal condition; the liver may be healthy, or it may be fatty, atrophic, or cancerous; the spleen may be natural in dimension and consistence, or it may be hypertrophic or indurated; the pelvis of the kidney often contains blood, and its parenchyma may be normal, or show amyloid

or other form of degeneration; the capillaries of the skin have been observed to be degenerate from amyloid changes, and in other cases have been pronounced healthy; while the general mass of the blood is in some cases entirely normal in appearance and characteristics, coagulating readily, and in other cases it is unusually fluid, and indisposed to coagulate. The white corpuscles have been seen to form a considerable proportion of the blood, and, again, they may be abnormally infrequent. And, finally, as stated by various observers, the fibrin may be excessive, deficient, or in due proportion. Thus there does not seem to be any recognized pathological change in this disorder, except the ecchymoses themselves, sufficiently constant to be determinate, or even indicative. But it by no means follows that there are no definite changes which take place in ordinary, uncomplicated purpura, and the confusion on this point has arisen mainly, if not wholly, from the fact that the cases which have been particularly studied were ones in which the purpuric condition was associated with other grave disorders. Thus the Wilson Fox

case, of which so much has been said, was a very unfair specimen of purpura, as the man was far advanced in secondary syphilis, with severe ulceration of the pharynx and larynx, and with amyloid degeneration of the spleen, liver, kidneys, and intestines. Dr. Dickinson's first case was one of meningeal apoplexia, in a cachetic subject, who died on the third day of the attack. The second case was one of jaundice caused by the pressure of a hydatid cyst. Nothing of appreciable value can be learned from such cases, and I have been unable to find anywhere clear records of necropsies in cases of uncomplicated purpura.

SYMPTOMS.

Purpura may abruptly appear in persons of apparently robust and vigorous health ; or, it may be preceded for several days by malaise, headache, nausea, drowsiness, and pains in the back and limbs. If with this there is some elevation of the bodily temperature, the case will closely resemble the prodromal period of the exanthematous fevers. The purpuric spots or patches usually begin on the thigh, although

they may appear on any part of the cutaneous surface, or be so broadly sown as to have the appearance of having come out all over at once. In either event, the spots may differ greatly in size and outline. They may be *stigmata* or mere points, which unless very numerous are apt to escape detection. If the size vary from that of a pin's head up to that of a split pea, they are called *petechia*. Larger patches are termed *ecchymoses*, unless they are long and narrow, resembling the black and-blue whell caused by the stroke of a whip, when they are known as *ribices*. When these various shaped spots first appear, they are usually definite in outline, but as the spot ages the margin gradually becomes indistinct, and the eye is unable to precisely determine where the ecchymosis ends and healthy tissue begins. This may be caused either by the gradual extension of the patch, involving new tissue, or by the absorption of the extravasated hamatin. Almost always, at first, not only is the definition of the outline of the patch abrupt, but it presents a certain geometric regularity. But in severe cases, these patches are apt to

spread, by continued hæmorrhage, and they then look just like an ordinary bruise. The color varies according to the age of the spot. At first it is bright-red, like a place that is about to blister; then it deepens through the crimson tints to violet, becomes deep purple, and at last blackish. Occasionally the erythematous stage is preceded by subcutaneous induration or œdema, as in the specific exanthematous diseases. These various stages may develop sedately, or follow upon each other's heels so quickly as to ripen in a single night. In ordinary cases, each spot lasts about two weeks, fading gradually like an ordinary bruise. In a case, therefore, which has lasted for some days, the purpuric spots will be seen in all stages of development and degeneration. In more severe cases, the extravasated blood may not be reabsorbed, and local gangrene may occur. It is in such cases, marked with unusual severity or extent of the hæmorrhage, that blood-stained fluid escapes in sufficient amount beneath the cuticle to cause blebs; this has been termed *purpura pemphigoides*. If the disorder is limited to the cutaneous surface,

there is little danger to, and moderate disturbance of, the general health ; but when the mucous or serous surfaces are involved the case becomes at once most grave. This form of the disease is called *purpura hæmorrhagica*. It differs only from the simple form in being more extensive, but the mucous involvement produces hæmorrhages from the parts affected—epistaxis, buccal bleeding, hæmatemesis, hæmaturia, mæna, or hæmoptysis, as the case may be—and these are often profuse, long-lasting, and exhausting. The following case is typical, barring the apparently inherited tendency to hæmorrhage ; and is reproduced here from the *American Homœopathist*, of August, 1885, as a fair sample of a severe but not by any means necessarily fatal type of this unique disorder. It was reported by Dr. J. W. Angell, of Iowa Falls, Iowa.

“December 7, 1884. Was called to visit Miss Addie H., aged 17, a daughter of one of my patrons, living here in the city, and was, therefore, well acquainted with the young lady. She was a well developed young woman, possessed of a lively, pleasant disposition, quick

perception, black hair, dark eyes, with a clear, but always of a rather pallid, complexion. Menstruation, since its first appearance, in her fourteenth year, had never been quite regular, frequently too soon, too profuse, and sometimes quite painful, and then again delayed beyond the fourth and fifth weeks : was quite subject to severe attacks of headache, confining her to the bed for hours at a time. Quite often troubled with epistaxis, as also was her mother when at her age. Bowels regular, and kidneys performing their functions properly. Digestive organs all healthy, and to all appearances Miss Addie enjoyed as good health as do the majority of girls of her age, and of American parent age, as was hers. Her residence is located on a lot adjoining a deep ravine, which is filled with brush and brambles, always moist, as it serves to carry off the surface water and receives the underground drainage of a number of the surrounding lots in that vicinity, while the yard around the house contains many fruit, as well as native trees. The family has had considerable sickness since residing there, which has been for several years, and Miss

Addie had diphtheria three years since, and, during an epidemic of scarlatina, two years ago, her younger brother and sister were attacked with it and her brother died of it. During the two months preceding the attack of her last sickness she had been more than usually troubled with headache, but still attended school and kept up with her class in her studies.

Some time in November last, she was severely troubled by an eruption upon various parts of the skin, of an irritating character, resembling eczema simplex, but only upon one thigh, just above the knee, did it give her very much trouble. There, it seemed to assume the character of small "blood boils," which gave her considerable pain. To these little boils, she applied a wash that is quite popular here, for the cure of all kinds of skin diseases, the principal ingredient of which is corrosive sublimate, and its first application caused her to suffer intolerable pain, not only from the "boils," which became very much swollen, but all through the limb, up the whole length of the spine, and through the head, and exciting a feverish condition throughout the whole system.

These symptoms continued for a day or two, and then subsided, leaving those sore spots on the limb apparently better, as they were dried up, and not very painful. But in a day or two after she was surprised to notice the appearance, on nearly all parts of her skin, of an eruption of little red spots looking like flea-bites, from some of which, especially upon the back of her hands and fingers, would ooze a drop or two of blood ; and with these red spots were many larger ones, dark and discolored, just like blood blisters, some of them as large as a dime. None of these spots upon the surface gave her any pain, nor felt sore upon pressure. These would disappear in a few hours, and then again reappear, as numerous as ever.

A day or two from the first appearance of this eruption upon the surface, it appeared also in the buccal cavity, on her tongue, cheeks, lips and gums. Then she began to have frequent attacks of bleeding from the nose ; several of them quite profuse, the blood flowing mostly from the right nostril. This state had continued for several days before I was called,

for, as she otherwise was feeling quite well having a good appetite, bowels regular, sleeping well at night, with only a little dizziness of the head once in a while, her mother thought it not necessary, and therefore made use of such remedies to restrain the nasal hæmorrhage as are so often effectual ; and thinking Addie was only going through a similar trouble to what her own had been at her age, did not think it necessary to resort to medical assistance. But, these frequent and profuse hæmorrhages from the nose persisting, and then the appearance of those blood blisters in her mouth, together with frequent darting pains of the head, told her that Addie was suffering from no ordinary complaint, and was in need of other treatment and remedies than she was able to give her, and, therefore, called me to her assistance.

I found her on the morning of December 7th, sitting in her easy chair, busied with needle work, and in good spirits, cheerful and pleasant, as was her usual mood, but with an unwonted pallor to her countenance, which shocked me by its intensity.

I then learned the history of the case, as I have just related it, with the further one that she had noticed for several weeks previous. Whenever she happened to merely prick herself with a pin, the blood would flow from it freely, and would do so for a long time before she could stop it. There was no difficulty in diagnosing the disease affecting her, but in answer to the question her mother put to me of, "What ails her, doctor?" I replied, "blood poison." I did not hesitate to give her a favorable prognosis, though I was fully impressed with the idea that this my third case of purpura hemorrhagica, was of far more doubtfulness as to its favorable termination than had been the two previous ones occurring with me in the early years of my practice, and while following that of my allopathic education. Those cases occurring in the malarial climate of Michigan, yielded to the influence of quinine and nitric acid, and why should not this? I, therefore, prescribed those remedies, together with powered hamamelis, to be snuffed up the nostril, when bleeding. I found her pulse, beating 65, soft and sluggish, some pain in the

head, tongue coated with a dirty brown fur through the middle, but moist, with a large blood blister upon the inner side of one cheek, and on numerous parts of her arms and limbs those dark spots, and numerous little red pimples. Also, blood oozing from the gums of the lower front teeth. I also gave a wash of hamamelis for the mouth, with sulphate of quinine, one grain every two hours in alteration with nitric acid, 3x, 10 drops in half tumbler water. At my next visit I found no material change in symptoms, except that the hamamelis had checked two attacks of nose bleed through the night, and that the blood blister on the cheek had disappeared. Pulse a little stronger and fuller. Ordered the same remedies continued, with free use of lemonade as a drink, and as her appetite was good, permitting her to partake freely of broiled beefsteak. Bowels as usual had moved freely during the morning. At my third visit learned she had had a profuse flow of blood from the nostril during the night, which hamamelis did not check, and, also the oozing from the gums was steady, and from several of these little red spots upon her

forehead was oozing a little blood ; pulse 80, and weaker, more darting pains through her chest, and a steady ache all along the spine ; but still she was up and dressed, and enjoyed her food as usual ; evidently the disease was not yielding to the remedies. Omitted the quinine and nitric acid, and gave terebinthina, 6x, with phosphorus 12x, every hour in alternation, through the day, and with tannic acid as a styptic to the nostril. My next visit found an improvement in most of the symptoms as there had been no bleeding, and there was a better appearance of the tongue and mouth with a stronger pulse, and no new spots of ecchymosis upon the skin ; had slept well ; continued the same treatment,

My fourth visit on the 11th, found her with the symptoms of the previous day unchanged, and thereupon ordered a continuance of the same potencies of terebinthina and phosphorus, and tannic acid, when needed. On the 12th was informed that there had been two attacks through the night of "nose bleed," which the application of tannic acid did not control, as it had previously done, and there was another

“blood blister” covering nearly one-half of the right side of the tongue ; and from the gums a steady oozing, with a cadaverous odor of breath ; pulse 85 and fluctuating. She also complained of more pain in her back and head, with a great sense of weakness in the morning when she first awoke, almost to faintness, but that left her as soon as she drank a cup of tea, and took nourishment, which she still relished as heartily as ever. Was up and dressed and was as cheerful and pleasant as usual ; bowels still regular in all their functions, and so, too, apparently, were the kidneys. Evidently this case was not disposed to yield to any of the remedies I had used thus far, neither to the allopathic nor homœopathic, and I began to feel uneasy as to its finale. I can find but one single case of the kind reported in any of the medical journals of the homœopathic school that I possess, and that is the *American Homœopathist*, No. 2, Vol. 7, 1881, reported by H. Detwiler, M. D., which yielded apparently to terebinthina 6x, which in this case failed to produce any effect. The slight references to this disease and its indicated remedies, by Jahr, Raue, Hunt and

Marcy, are all so unsatisfactory that I did not feel much confidence in selecting any remedy mentioned by them, and as those I had used failed to respond to my expectations. I resorted again to Jahr's Symptomatology to find a guide. *Crotalus horridus* having so many of the symptoms in its pathogenesis that were present in this case, I determined to give it a trial, and prescribed the 6th, 10 drops in half tumbler of water, a teaspoonful every hour, with a wash for the mouth of ferri sulph., 10 grains to a pint of water. At my next visit I was satisfied with the apparent effects of my last remedy, as there had been no return of epistaxis and the buccal cavity was free from spots of ecchymosis, and oozing from the gums and also the petechial and ecchymotic eruption had disappeared from the skin ; pulse 80, not much pain in head or back, but still that faintness in the morning till food was taken, and that dizziness upon raising from the pillow or raising from her chair. Had rested and slept comfortably all night with her usual relish for tea, toast and beefsteak for breakfast, and the bad odor of her breath was not so perceptible. And though

I had noticed equal improvement once or twice while using previous remedies, which was soon lost, yet I felt quite sure that I had found the **right remedy, and so continued it.**

She had now been under my treatment eight or nine days, and for the last two under the use of *crotalus*, which, seemingly, was controlling her disease. I therefore left her on the 17th of the month, still using the same remedy, but at much longer intervals, and fully persuaded that she would need no other. Calling upon her again on the 20th was disappointed to learn that she had been troubled almost every night since my last call, with more or less epistaxis, though not to any great extent, but sufficient to create uneasiness in my mind, as it told me that the hemorrhagic dyscrasia of her system was still persistent. No more of that petechial eruption had made its appearance, nor was there any perceptible change in any other of the symptoms ; bowels still regular, rest and appetite good, and her spirits as lively and cheerful as ever, but the dizziness persisted, with more or less pain along the spine and through the head. I ordered the medicine,

crotalus, to be given every two hours, with a continuance of the mouth wash of ferri sulph.

The next day found the pulse 85, no bleeding from nose or gums, but a slight reappearance of the ecchymotic eruption. Ordered ledum 6x, 10 drops in one-half tumbler of water, to be given in alternation with crotalus. On the 22d found her symptoms again better, and made no change in the prescription of crotalus and ledum.

The next day, the 24th, I found her about in the same condition that she had been for two days previous, and seeming convalescent. Ordering a continuance of the same remedies, but at longer intervals, left her thinking I had finally conquered her disease. On the evening of the 25th her father came to me with the report that "Addie was too free with her monthlies, that had come on that day, a week before her time," and asking "what she had better take to check them?" I sent her viburnum opulus tincture, 20 drops to 4 ounces of water, a teaspoonful every half hour, and if, after the 5th dose there was no change, to give her in addition cinnamon

tea to drink of freely. Calling upon her the next morning at 8 o'clock, I was shocked to see the change that had taken place in her appearance since my last call on the 24th. Lying in bed, with a face as void of color as was the pillow on which it lay, apparently bloated, eyes sunken and dull, no longer lively, but stupid and drowsy, with pulse beating 130, weak and fluctuating, skin hot and dry, tongue with a dry, black coat, great pain through the head, throbbing in the temples and down the spine, and at intervals, severe uterine pains, with a steady flow of dark blood from it, and gushing at every movement of the body. The hemorrhage had been as copious from its first appearance at 3 o'clock P. M., of the day before as is usually met with in cases of child-birth, and the remedies I had ordered, though used faithfully, had not checked its flow in the least.

Evidently the first indication was to check that hæmorrhage. For that purpose I gave her five drops of erigeron oil, upon sugar, and ordered it to be repeated every hour till a change or improvement should be seen, and then in drop doses until my return. At 12 M.

I saw her again and found the flow had very greatly diminished during the last two hours, and therefore continued the drop doses of erigeron at every two hours. Calling at 5 P. M., was satisfied with the action of the remedy and continued it at longer intervals. Pulse 135, temperature high, pain in head, back and hypogastric region, very severe, with great thirst. Ordered aconite 3x, four pellets each hour. She did not take the erigeron. Next morning at eight o'clock saw her again, with symptoms more encouraging, pulse down to 90, lower temperature, less hæmorrhage but tongue still dry and black; had rested well after twelve o'clock, less headache, with no pain in back or bowels; had taken nourishment and with some relish. Continued the same treatment. At my evening call, at five o'clock, found a return of all the feverish conditions of the day before, but with a diminished flow from the uterus, except when she moved, then it gushed from her, but not so much. I reduced the quantity of the erigeron, and in alternation with aconite gave bryonia, as she was calling for copious draughts of water, and with some

pain through the chest. The next morning her fever was lower again, and thus kept up for the next six days the morning remission, with exacerbations in the afternoon and evening. Pulse in the morning always about 90 and up to 130 in the evening. Not having a clinical thermometer I can not give the exact temperature, but was sure that it was above 102° at its highest and never in the morning below 100° ; tongue covered with a dark dry coat at all times with a red tip and edges, and after the fifth day with soreness of teeth and gums; much thirst, torpid bowels and scanty urine, with brick dust sediment. The menorrhagia steadily decreased from day to day, till on the ninth day the fever had subsided under the continued use of *rhus* 6x and *baptisia* 2x in alternation, when that entirely ceased and with no return of either nasal hæmorrhage or petechial eruption, I flattered myself that my patient was now convalescent again, and with a return of strength would in a short time be fully restored to health. With the subsidence of fever her appetite returned, bowels and kidneys became regular, and for several days

she seemed to be regaining her strength as fast as one could, convalescing from such a high grade of fever as hers had been. Only one symptom continued to give me uneasiness and that was her extreme prostration to almost perfect syncope when first waking in the morning, but that would subside immediately upon swallowing a little tea with a mouthful of toast.

I watched her closely from day to day, but as no other symptoms except that and a too quick pulse, as high as 80 always, and sometimes higher, only indicated a want of strength, I did not feel doubtful of overcoming that want, and ordered arsenic 12x, four pellets three times a day, together with as nourishing a diet of broths, buttered toast, and rich sweet cream as her stomach would bear; and as that organ seemed perfectly sound, there was no difficulty in that respect. In a few days more she had so far regained her strength as to enable her to be dressed and moved from her bedroom. Calling upon her on the 12th of June I was disturbed to find again that oozing from the lower gums and on her tongue another

of those large blood blisters, with other indications of that old hæmorrhagic dyscrasia, which I had supposed was entirely subdued and would no longer trouble her. Aside from this, her symptoms were all satisfactory *savé that continued morning faintness* and the quick, soft and fluctuating pulse of 85. She was sitting up fully dressed and with her usual flow of cheerful and happy spirits, with a good appetite and quiet and restful sleep every night. I ordered crofalus to be given in alteration with arsenic. On the 14th I found that oozing from the gums and the blister on her tongue had left her, but the night before she had a slight return of nose bleed, the first in over two weeks ; other symptoms about the same. Continued the same remedies.

On the 15th her symptoms were more encouraging, so, also on the 16th and 17th, when upon visiting her in the morning of the latter day found her at the breakfast table enjoying a hearty meal and so apparently out of all danger that, after ordering for her a tonic in the form of fl. ex. hydrastis, 4 drachms and 1 drachm of coca leaves to a pint of water,

a tea-spoonful to be taken before each meal, I dismissed the case, as I thought, cured. Soon after I left she complained of a severe headache and retired to her bed. That evening the menstrual flow came on again very freely and with great pain along the back and over the hypogastric. Before morning the flow was excessive, and her mother gave her five drops of erigeron oil and repeated it in two hours. I saw her again at eight o'clock on the morning of the 18th and found her in great distress, all through her system, with the menorrhagia worse than ever. As the erigeron had not checked it, I gave her fifteen drops of fluid extract of ergot, and repeated the dose in one half hour. This checked the discharge. Pulse up to 140 and feeble. Tongue again dry and heavily coated. In the evening I gave muriated tincture of iron, 10 gtts. in half a tumbler of water every thirty minutes, and continued it through the night. On the 19th there was less menorrhagia and less general distress, but great weakness and frequent fainting spells, and at times great nausea. Gave ipecac 5 gtts. in half a tumbler of water

and viburnum in alteration. On the 20th an improvement was apparent till evening, when again another spell of nose bleed reduced her very much.

On the 21st found her extremely weak and discouraged, the menorrhagia still keeping up but not excessive, her pulse 140 with dry hot skin, tongue dark, dry and trembling, bowels torpid and tender upon pressure, great restlessness and thirst, but less nausea. Continued the ipecac and viburnum at longer intervals. That night another attack of epistaxis set in and was persistent for several hours. Found her on the morning of the 22d still suffering from the last attack, with the pulse still higher and fluttering, with all the symptoms of dissolution increasing rapidly. At this point her parents decided to call in an allopathist and place her in his care, and I was relieved from further attendance upon the case ; and I must confess that I was not very deeply grieved at their decision, though I thought there was still a *possibility* if not a probability of her ultimate recovery. But she had become discouraged and desired to change, and as I

had lost her confidence, it was better for her that some one else should be called in. Under the inspiring influence of hope she rallied for a few days and all were encouraged at the improvement of her symptoms, but they were not lasting and death closed the scene on the 4th of February; no post-mortem examination was held."

This case is not presented as a good example in therapeutics. It was thus commented upon, editorially, in the issue of the journal in which it first appeared.

Reviewing the case as it was seen by Dr. Angell on the morning of December 7, there is one remedy which seems to stand out so plainly indicated as to be unmistakable. The temperament of the patient,—black hair, dark eyes, clear, pale complexion, vivacious disposition: the inherited tendency to hæmorrhage—resembling her mother in this: the frequent headaches and the present dizziness; the menses, as a rule, too early, too profuse, and of too long duration, with colic and pains; the eczema succeeded by blood-boils upon the skin and blood-blisters in the buccal cavity;

the severe hæmorrhages from the nose ; and the copious and prolonged bleeding from small wounds—taken together form a vivid picture of PHOSPHORUS.

Unfortunately, Dr. Angell, yielding to the influences of his allopathic education, gives not the remedy denoted by the law of similia, but a course of remedies based upon their successful use in other cases, amid other surroundings, and which experience proves to him must have had pathological factors other than the case in hand.

A half drachm or more of quinine seems to have been given with negative or perhaps even deleterious influence ; as the case grew steadily worse ; a less amount of the drug has been shown to cause purpuric spots, when given in febrile states (Vepau). Just how much the subsequent intractability of the case may have been due to the secondary effects of the drug cannot now be determined.

Phosphorous 12, on the 10th inst., was a good prescription, only it was days too late ; but what can we say of the turpentine ? A careful study of the pathogenesis of terebinthina

fails to reveal a single indication for it in this case. There are cases of purpura in which it does good. Prof. Comstock, of St. Louis, has reported such an one in the *North American Journal of Homœopathy*, 1861, and this is reproduced on another page. The action of turpentine upon the blood is just the reverse of phosphorus, crotalus and lachesis. In physiological doses it increases the coagulability of the blood, while all the indications in this case point to a morbid fluidity of the blood; turpentine was, therefore, homœopathically, contra-indicated. In large doses it might have done some good; but the sixth decimal!—was merely playing with fire. In a case of purpura with disordered digestion, tympanites, hæmaturia, dryness and burning of the mucous membranes, headache with flushed face and violent thirst, emaciation with dropsy, terebinthina, in one of the higher potencies, would doubtless prove curative.

The improvement which seems to have set in as the result of phosphorus 12, did not continue long, and we can only conjecture why. Certainly if the turpentine and the tannic acid

had any influence, it was merely as antidotal to the therapeutic power of phosphorus.

Crotalus is a valuable remedy in purpura. Dr. J. W. Hayward has given two cases cured by it; they will be found under that rubric; and the pathogenesis of the drug seems to ally it more closely to this disorder than any other drug in the materia medica. The mental condition of this patient was, however, very unlike crotalus. The crotalus patient is anxious, agitated, stupid, and struggles with mental delusions and hallucinations; but we have here a girl who is bright and happy—"as cheerful as ever"—although having daily the most depleting hæmorrhages. Phosphorus has depression and irritability, but it also has joyfulness, serenity, ready flow of (pleasing) ideas, thoughtfulness, vivacity and impetuosity. In lung disorders how often do we see mental accessions for which phosphorus is the efficient spiritual elevation associated with morbid pro-remedy.

Next to phosphorus, crotalus did seem well indicated, but we opine a grave mistake was made in changing from the former; perhaps a

change of potency was required to develop more fully the power of the remedy that had done good. But if *crotalus* *was* a proper choice, wherefore ledum? We are afraid our doctor was just about an inch or two off his base. For now followed in quick succession viburnum, cinnamon, erigeron, aconite, bryonia, also at short intervals thereafter, rhus, baptisia, arsenic, hydrastis, coco, then a return to erigeron, ergot, tincture of iron, ipecac, and then—a new doctor. The angel Gabriel couldn't have saved the case now, not to say anything about an Iowa Falls Angell. We can sympathize with and appreciate the doctor in his floundering about, for we have done considerable floundering about ourselves, with perhaps less excuse for our blundering; but there is one hard-headed fact which experience has taught us, that in desperate cases unless we have the intuition to seize upon the pivotal symptom and apply the right remedy *first*, God help the patient, for the doctor won't!

VARIETIES.

The differences existing between cases of purpura are due to individual idiosyncrasy,

and to complicating influences. For purposes of study cases are assorted into varieties, the principal of which are *simplex*, *hemorrhagica*, and *rheumatica*, but these have merely a clinical import, just as we speak of mild and malignant types of scarlet fever, measles, or other exanthemata.

Purpura Simplex.—The mildest form of this disorder is that seen in persons past the middle term of life, whence it is sometimes called *purpura senilis*. It appears principally upon the thighs, legs, and forearm, in the form of small, round, bright-red spots. These are due to degeneration of the tissues, and may occur spontaneously, or as the result of pressure, undue exertion, or any influence which throws an unusual stress upon any portion of the cutaneous capillary system. Where it occurs spontaneously, the spots are rarely of any considerable size, and generally come in crops, a new set appearing as the former fades. When it develops in the predisposed from slight traumatism, the blotches are irregular in form and of larger size. Bateman relates a case in which there was 1.0

constitutional disturbance, but in which “a constant series of these ecchymoses had appeared for a space of ten years.” In most of these patients the purpura is modified, and in some cases entirely vanishes, whenever the patient maintains for a few days, a recumbent position ; and indeed in all cases recumbency is advantageous, and in severe ones essential to a cure. This would seem to indicate that cardiac debility has something to do with this disorder, as a predisposing influence, as suggested by Buhl.

In individuals of more robust constitution the ecchymoses may be preceded for a few days by lassitude, pain in the head and aching of the limbs ; but these concomitants are by no means constant factors. Where the only symptom noted is the mottling of the skin, this can be proven to be extra-vascular, and therefore hæmorrhagic, by the fact that it does not change color under pressure. Each spot, after remaining livid for about a week, gradually changes to bluish, greenish, and saffron tint, grows indistinct, and in another week is gone ; this opalescence is due to the slow

metamorphosis of the hæmatin retained within the interspaces of the cutaneous structure.

Purpura Hamorrhagica.—The hæmorrhagic variety—called also Morbus Maculosus Werlhofii—is more likely to be preceded by premonitory symptoms than the one already discussed. These may come in the form of persistent or frequently recurring hæmorrhages, such as nose bleed, or bleeding from the gums ; or as bone-pains ; or as a subtle but pervasive langour. So far as the skin is concerned the manifestations of the disorder do not differ from those observed in the simple variety, save that they are more severe. The term hæmorrhagica is only applied when bleeding is a prominent factor in the case. This may be from the skin itself, or from any of the mucous surfaces. The most common form is nose-bleed. The amount of blood-loss at any one time may be inconsiderable, but by long continuance the system be very much weakened, and vital power undermined. Bleeding from the gums is a frequent symptom, but not so characteristic as in scurvy. If the gums (in the cases where these bleed) be examined they will be found to

be covered with blackish scabs, beneath which the mucous membrane is pale and not swollen ; in scurvy the gums are swollen and spongy. In hæmorrhagic purpura patches of extravasation will be found upon free mucous surfaces, as on the roof of the mouth, on the inside of the cheek, beneath the tongue, or in the pharynx ; or these may take the form of blood-blisters, which bursting break down in ulceration. Hæmatemesis is a much less frequent form of bleeding, though when it does occur is apt to be profuse and exhausting ; the digestion of aliment is interfered with, or altogether prevented, by the irritated state of the gastric mucous membrane. Bleeding from the bowels (melæna) is still more rare, and is not especially significant except when associated with copious hæmorrhage from other parts. Hæmaturia is a very frequent complication, and is probably met with in more cases occurring in males than any other single hæmorrhage save epistaxis. The blood may come from the bladder, the ureters, or the pelvis of the kidney ; generally the latter. Menorrhagia and metorrhagia are more common in women than

hæmaturia. Hemorrhage into the conjunctiva is not uncommon. Bleeding from the ears occurs occasionally. Hæmoptysis is rare. Blood is sometimes extravasated into the muscular tissue, into the parenchyma of the viscera, and death has occurred from cerebral and pulmonary apoplexia.

At the beginning of the attack there is usually no fever, but if the disorder continues, and the patient is weakened by blood-loss, hectic is apt to supervene. The bodily temperature may be normal in the morning, but rises in the evening to the neighborhood of 100° Fahr. The pulse is usually weak, but quickened beyond the normal rate; it may be intermittent; in some cases arterial tension is subnormal, with slowness in the rate. There is usually depression, both moral and physical. He feels low-spirited and melancholic, with great lassitude and debility. Fainting or even syncope are not uncommon. As the disease progresses, anemia becomes more and more manifest. The countenance becomes blanched; the mucous membranes grow pale and bloodless; the breathing, asthmatic and difficult;

the extremities, œdematous ; there is a venous hum in the neck, tinnitus aurium, and every sign of approaching dissolution.

If the *primæria* is not invaded by the ecchymoses, the digestive functions may remain quite unaffected. In other cases there is nausea and vomiting, epigastric pain and diarrhœa. Congestion in the various viscera may cause pains in the abdomen, chest, or back. Bright's disease is sometimes consecutive to purpura, although in some cases albuminuria precedes the development of the cutaneous phenomena.

Purpura Rheumatica.—Many cases, especially in children, are preceded or accompanied by pains in the joints, which simulate rheumatism ; these are also called *pelosis rheumatica*. Such a case usually begins with severe pain in a joint, with or without effusion. This lasts for several days, when numerous petechial spots appear about the affected joint, while the other parts of the body are entirely free, or present but a few isolated patches. The ecchymosed spots are slightly elevated, from the diffusion of coagulated fibrin, and are surrounded by a

delicate halo. Not only the joints are swollen and painful, but also the long bones, the dorsum of the hands and the sole of the feet are tender on pressure, so that the use of the extremities, and especially walking, is painful and difficult. In many cases the pains alternate with the purpuric appearances ; as one grows more pronounced the other disappears, and this alternating of symptoms may go on for weeks or months. Albuminuria is often present, but not always. Occasionally the purpuric patches, which in the so-called rheumatic variety are almost invariably round, are associated with vesicles containing bloody fluid, or with wheal like efflorescences resembling erythema nodosum. That these cases are not primarily rheumatic is demonstrable. The occurrence of the joint-pains may be due to the presence of purpuric extravasations in the synovial membranes, analogous to those which have been found in serous tissues elsewhere. Some of these cases assume an annual type, recurring each year at the same season.

Henoch has observed a peculiar form of this variety of purpura, in which vomiting, intesti-

nal hæmorrhage, and colic, are also present. Here are three of his cases :

1. A boy, aged fifteen ; gastro-duodenal catarrh, with slight jaundice in consequence of indigestion. A few days later, pains in the joints of the fingers ; a few days afterwards, purpura upon the thighs, with colic, vomiting, and black stools. At times the colic was extremely severe ; region of transverse colon tender and distended. Moderate fever. Disappearance of the symptoms in five days, but a relapse at the end of three days ; convalescence in a week. Three relapses in the next few weeks, always attended with bloody stools. Finally, complete recovery.

2. A boy, aged four ; suffering from colic, tenesmus, and scanty, bloody stools. At the same time large patches of purpura on the elbows and thighs. Improvement in three days, but new patches on scrotum and prepuce. A few days later another attack of diarrhœa, with streaks of blood and severe colic, then constipation and fresh exacerbation of purpura. Entire duration three weeks.

3. A healthy girl, aged twelve ; for a week

rheumatic pains in the limbs, followed by tenderness and swelling of the wrist and ankle-joints, with slight fever: heart intact. A few days later purpura on the abdomen and lower extremities: very severe colic, repeated vomiting, and bloody diarrhoea. Disappearance of the symptoms in five days. Four relapses within a month; finally, complete recovery.

Purpura sometimes supervenes on other skin affections, whence arise the types which are called *purpura urticans*, *purpura papulosa*, and so on.

Ollivier mentions a somewhat anomalous type in which large ecchymoses appeared in successive crops, associated with general oedema and severe enteritis.

The Irish purpuric disease described by Lingen, in the *British Medical Journal*, 1867, appears to have been a contagious disorder, and consequently not allied to the one here considered.

DIAGNOSIS.

The diagnosis of purpura is comparatively easy, although there are several disorders with which it might be confounded. It may be dis-

tinguished from the *hæmorrhagic diathesis* by the fact, that in this latter the blood escapes from a contusion, wound or ulcer, and is notable for the profusion of the loss without visible adequate cause ; while in purpura the tendency is toward numerous spots of extravasation on all parts of the cutaneous and mucous surfaces. The hæmorrhagic diathesis is usually an hereditary tendency and shows itself in early life ; on the other hand, purpura is never a family trait, and is peculiarly a disorder of the middle-aged and senile.

Purpura is more likely to be mistaken for *scurvy*, but in this latter disorder the gums are spongy and sore, the joints stiffened, the limbs swollen and painful, and the complexion pale and sallow ; while in purpura very often there is an absence of any obvious signs of ill-health. Scurvy is always caused by a lack of fresh vegetables in the daily allowance of food, and is not likely to occur singly ; neither of these propositions are true of purpura. A fresh vegetable diet at once begins an improvement in the scorbutic patient and prevents the appearance of new hæmorrhagic spots, but diet has no such kindly influence over purpura.

Purpura can be easily differentiated from *hæmorrhagic measles* by the coryza and bronchitis of the latter; from *typhus* by the history of the case, the cerebral complications, and the insignificant size of the spots and their even distribution over the body; from the ecchymoses of *traumatism* by the local character and larger size of the spot in the latter; from *flea-bites*, which in unhealthy persons often maintain their petechial character even for weeks, from their uniformity of size and appearance, and the presence of the minute point of puncture in the center of the petechiæ; and from *non-hæmorrhagic eruptions* by not fading under pressure.

PROGNOSIS.

Purpura is a malignant disorder. Mild cases usually recover, but relapses are frequent, and when associated with hæmorrhage, generally fatal: death occurring from the consecutive hæmorrhage, or from the debility resulting therefrom; or, occasionally, from pulmonary or cerebral apoplexia. The extravasated blood, when not quickly absorbed, acts upon the tissues as an irritant, excites inflammation, or leads on

to gangrene. Death may result either from the debility thus induced, or from pyæmia.

TREATMENT.

The general rules governing the selection of the appropriate remedy apply in purpura as in all other disorders of the human economy. Although I have endeavored to bring together, for easy comparison, all those drugs which are known to possess relationship to ecchymoses, it is quite possible that in any given case the practitioner will need to go outside of even this rather formidable list for the remedy homœopathic to the case. There is, of course, no such thing as a remedy for purpura. It is obvious that what will speedily cure one case will have no influence over another; and that here, as elsewhere, success can only come through the careful collating of *all* the symptoms of the case, and applying thereto the remedy selected according to the method of Hahnemann, whatever it may be, or how far it may carry us outside of pre-conceived notions of the appropriate.

In treating these cases due regard must be had to the circumstances of the patient ante-

cedent to the attack. If the diet has been unsuitable, or deficient in any nutritive element, this must be corrected. While the proper amount and quality of the food to be administered to the patient can only be determined after all the factors of the case are known, a well-regulated diet, as a rule, is made up of a due proportion of animal and vegetable food, to which may be added at dinner a glass of sound claret, tokay, or Speer's port, according to the taste of the patient, or the judgment of the physician; but it must not be overlooked that in some cases, even a small quantity of alcohol does harm. Where the debility is very great, a milk diet may be the most advantageous. For many cases, this may be improved by adding a level spoonful of Beef Peptonoids to each goblet of milk. A preparation has recently been put upon the market, a dry powder extract of malt, which combines nicely with milk, soups, and liquid foods in general, and adds to their palatableness and nutritive qualities. The aim must be to more than make up, by easily assimilated foods, for the blood loss, in order that the patient may re-act from the debilitating tendencies of the complaint.

Rest is another important factor in the treatment of these cases ; so much so, that even in simple purpura it will be sometimes impossible to effect a cure unless the patient maintain a recumbent position. A case may apparently completely recover, but as soon as the patient goes about again the spots immediately return. This is a frequent cause of relapse.

Local measures are not often required, even when the hæmorrhage is severe. The appropriate remedy will control this, and all other untoward symptoms. Still where there is great loss of blood, pressure, the tampon, or cold applications may be resorted to as temporary expedients. When the ecchymoses are principally upon the extremities, careful bandaging of the limb may be found useful.

There is one very important point in the treatment of purpura which cannot be too strongly enforced—the prevention of bruising or any form of traumatism. Even in the simplest cases the greatest care is desirable to prevent abrasion of the skin or mucous surfaces, or rupture of superficial blood-vessels, or the hæmorrhagic character of the disease

will be made manifest. The venerable Dr. A. E. Small, of Chicago, has related to me the following cases, which should serve as a warning to every practitioner :

A child, apparently robust and playful, aged ten months, was brought to him by its mother, with a request for him to lance its gums, in order to hasten the process of dentition. He observed a few ecchymosed spots upon the lower extremities, and declined acceding to the mother's request. She took the child to another physician, who applied the lancet. A profuse and persistent hæmorrhage ensued, and in spite of all that could be done to avert it, the child bled to death. In another case which came under his observation, a gentleman of feeble constitution complained of great debility and soreness, in spots, about the fleshy portion of the upper and lower extremities. On the surface of these sub-cutaneous sore spots there was a purplish hue, which looked suspicious. He at the same time appeared to suffer from a caries tooth, which contrary to advice he had extracted. A hæmorrhage from the gums set in, and with great difficulty it was

arrested, after two or three weeks styptic treatment. Feeling convinced that the whole system was suffering from the hæmorrhagic diathesis, it was obvious enough that this condition must be changed before the effect would cease ; and appropriate medication having been administered to this end, the patient fully recovered. There had been no previous disease that could possibly generate the diathesis ; it had sprung up spontaneously.

THE REMEDIES AND THEIR INDICATIONS.

CROTALUS.

Skin.—Ecchymoses. Purpura hæmorrhagica. Petechiæ.

1. Patches of ecchymoses in the course of the small blood-vessels, like the foliage on the branches of a tree. The poison had a marked effect in producing extravasations of blood. [From application of the dilute venom to the mesentery of a cat. BRUNTON and FAYRER; *Proceedings Royal Society*, vol. xxiii. page 270, 1875].

2. After nine days the fever abated, and he began to mend; but his hand and arm was spotted like a snake, and continued so all summer. In the autumn his arm swelled, gathered, and burst; and then away went the poison, spots and all. [After a bite on the hand in February. J. BRIENTAL; *Lond. Philosophical Transactions*, vol. ix, page 229].

3. The child soon after being bitten became disfigured by yellow and dark-colored spots on the skin. These symptoms disappeared in the

winter ; but at the return of the same period of the year they reappeared ; the hands and feet swelled, and the child died. [CONSTANTINE HERING ; *Symptom* 3312].

4. Annually after the bite, at the same time of the year, the pains, swelling and fever returned, with blue and yellow spots on the body. [SCHÖPF, quoted by C. HERING ; *Symptom* 3313].

5. Face discolored ; blood issued from nose, eyes, and ears, and from stomach in the vomit. [SPIX, quoted by C. HERING ; *Symptom* 2656].

6. Thirty-six hours after a bite on the leg the whole side up to the arm became black with the effused blood, so much so that those who saw him observed that he looked like the snake that had bitten him. [A. G. MILLER ; *Boston Medical and Surgical Journal*, 1833, vol. viii, page 240].

7. A good deal of subcutaneous, submuscular, and intermuscular sanguineous extravasation, of a dark-purple color, in neighborhood of bite. [*Post-mortem*, shortly after death from bite on back of neck. SIEVEKING ; *Medical Times and Gazette*, vol. v, page 130].

Concomitants.—Purpura, especially on the lower extremities, and in debilitated states of the system, and in broken-down constitutions, such as exists in chronic alcoholism.

General soreness.

Easily tired by slight exertion.

Tremulous weakness, as from impending evil.

Faintness.

Drowsy, but cannot sleep; generally feels worse after sleep.

Sadness and melancholy.

The pulse is sluggish, feeble, thread-like, weak, wavy, trembling, and scarcely perceptible.

Debility of the heart.

A feeling as if the heart tumbled over.

Bleeding from the anus and the other openings of the body.

Coldness and insensibility of the skin.

Skin usually dry and cold.

Skin like thin parchment.

Skin, except where discolored, of a leaden, pallid appearance.

Oozing of blood from the pores of the skin.

Relationships.—The action of *crotalus* is very similar to *lachesis*, *naja*, *elaps*, and other venoms, and the distinctions between them are mainly relative. Dr. Fayrer draws the following comparison*: “In all cases where

*On the Nature and Physiological Action of *Crotalus* venom, as compared with that of *Naja* *Tripudians* and other Indian venomous snakes.

the blood forms a firm coagulum after death, the poison is of a coluber; and in all cases where it remains perfectly fluid it is of a viper. We may take the *naja tripudians* as heading the scale of those poisons whose action upon the blood produces a coagulum, and the *crotalus* as the synonym for the opposite class, whose action on the blood produces permanent fluidity. It is probable that the action of all the snake poisons ranges between those two extremes."

Naja has more nervous phenomena, and *crotalus* more tendency to slough than any of the other venoms. *Lachesis* has a cold and clammy skin, while that of *crotalus* is cold and dry. Those who survive the bite of the *crotalus* suffer more permanently than from any other snake-poison. The chronic effects of *crotalus* are more apt to develop on the right side of the body, and those of *lachesis* on the left. *Crotalus* acts more intensely on stout people than on lean, and on white persons than on negroes.

Comments.—The *crotalus* hæmorrhage is evidently due to disorganization of the blood, and is not a mere topical effect. The discoloration produced by this hæmorrhage varies from black through all the shades of greenish, blueish, yellow and mottled, the same as is seen in

the successive stages of purpura. After death, in chronic cases of poisoning, tissues and structures at a considerable distance from the original wound are frequently found thoroughly infiltrated with decomposed blood, and in a state of gangrene.

The blood is fluid, dark in color, and not coaguable, and appears to leak through the vascular walls and escape into the surrounding tissues, or effuse from the surface of the mucous membranes, or into the serous sacs enclosed by the pleura, pericardium, or peritoneum, as if the blood-vessels had no power to retain within them the circulating fluid; as if the entire system was in a state of dissolution. The liver is enlarged and lardaceous; the kidneys are granular; and in fact the whole organization is permeated with the effects of the venom.

In purpuric cases of the zymotic diseases crotalus is perhaps the most generally and the most frequently indicated remedy yet discovered (HAYWARD).

Clinical.—The following cases are reported by Dr. J. W. Hayward, of Liverpool, Eng.:

1. Mr. L., aged 62, a bachelor, of rather irregular habits, especially as to alcohol, and living in a very isolated way with an old mother; after having been in a weak and low

condition for some time, noticed small purple spots appearing on his legs ; and very soon both legs, from the knees to the ankles, became covered with ecchymoses ; there was also some bleeding with his stools, and his general circulation was very languid. Crotalus 6 was ordered four times a day, and some out-of-door exercise. All the ecchymoses had disappeared, his stools were free from blood, and he was in a much better state of health within four weeks.

2. Mr. B., aged 48, who had lived freely in youth and had syphilis. From 24 years of age to 35 he suffered on and off with hematemesis and melana, followed by general debility and weak heart with chronic rheumatism, headache, constipation, attacks of vertigo, jaundice, etc., and when about 44 he became invalided, and suffered much with dizziness, fainting and irregular action of the heart ; and petechiæ now broke out over the whole body, especially the lower extremities. Several remedies were used, but he benefited most under mercury, kali, phosphorus, and crotalus. It was whilst taking crotalus 6 that his petechiæ disappeared, and he made most progress. He made a good recovery ; and is now, at 52, in fairly good health.

The following cases were furnished to me by Dr. W. J. Clary, of Chicago :

3. This patient was a young lady æt. 19 years, of consumptive habit. This case had red spots in the eyes, some in the mouth, a few on the chest, arms and hands. She spat small clots from the mouth, frequently. Having never seen a case of the kind I did not fully comprehend the condition. Two days later I was called in haste to see her on account of a severe hæmorrhage from the bowels. The discharge of blood had increased in the mouth, also the number of spots on the surface of the body. When I arrived she had passed about six quarts of fluid from the bowels, consisting of bloody water and soft broken clots. I gave *crotalus*, as it seemed to be the only remedy indicated by the symptom: Hæmorrhage from every orifice of the body. I gave the 6th dilution in water, a dose every two hours.

The next day the symptoms were so much improved that but little doubt of recovery remained. The hæmorrhage from the bowels had ceased, less blood in the mouth, spots were fading. Improvement continued steadily until the eighth day the patient was discharged.

There was no return of the symptoms. Shortly afterwards the patient passed out of my hands to be treated by a person who promised to surely cure her of consumption. She died in about six months. A

friend of the family remarked to me about the time of the treatment of the young lady for purpura that she acted just like two cases he had seen die from rattlesnake bite.

4. The second case was a girl aged 11 years, who appeared as though she had been severely bruised on various parts of the body, especially on the face, arms and chest. Some of the suggillations were as large as the palm of my hand. There was some swelling where the suggillations appeared. No red spots appeared. I gave crotalus 6 every four hours. All appearance of the disease vanished in ten days.

5. The third case, a girl æt. 7. was taken sick, and as nothing serious was apprehended no physician was called until hæmorrhage occurred from the bowels. I found the patient pale and weak, with slight fever. The characteristic red spots appeared, mostly on the upper part of the body. I gave crotalus 6 about one week. The patient appeared to be fully recovered and was discharged. A few days after I was called again, as the disease had returned. I found her with violent fever, unconscious and very restless, pulse frequent and tense. I gave arsenicum. The patient died in less than two hours in a spasm.

6. The fourth case was a girl aged 13, who

was attacked suddenly with violent fever and pain in the head. I gave aconite and belladonna, and ordered bathing and cool applications to the head to allay the great heat from the fever. During the night, near morning, she had profuse hæmorrhage from the bowels. For this condition an allopathic physician was called. He told the parents that there was no chance for the patient to recover. I gave a favorable prognosis and treated the case. I gave crotalus 6 a dose every two hours, with orders to lengthen the intervals if she improved. After a few hours the hæmorrhage ceased, to return no more. Improvement was rapid, and in a few days I discharged the patient. The spots in the eyes and mouth, and on the face, arms and chest, were present at my second visit or immediately on the occurrence of the hæmorrhage.

PHOSPHORUS.

Skin.—Ecchymoses. Petechiæ. Gangrenous patches.

1. Red patches upon the arms. Insensibility of the skin of the extremities. Ecchymoses on the costal pleura. Ecchymoses on the peritoneum with bloody serum in its cavity. The spleen enlarged, softened, and with ecchymoses under its serous coat. Ecchymoses on

the mucous membrane of the bladder. Subperitoneal ecchymoses on the uterus and its appendages, and also between the laminae of the mesentery. [*Post-mortem* on Maria Leblanc, who on the evening of June 5, 1856, six hours after eating, swallowed the combustible matter of a box of matches dissolved in a cup of coffee. Died on 15th inst. Prof. LEUDET. *Archives Generale de Medicin*, March, 1857, This case, says W. H. HOLCOMBE, M. D., *North American Journal of Homoeopathy*, vol. vii, page 140, remarkably illustrates the power of phosphorus to produce those blood-metamorphoses or those modifications of the capillary system, perhaps both at once, which result in hæmorrhages, either by ecchymoses into the tissues, or by exudations into the cavities. Orfila, in his treatise on *Toxicology*, says that the petechial eruptions of phosphorus are red, while those of arsenic are black or blue].

2. The skin was yellow; the subcutaneous veins of the abdomen and the upper part of the thighs were protuberant and arborescent; the scrotum was completely covered with ecchymoses. About the cardiac and pyloric orifices there were black, or rather marbled, spots, which were genuine ecchymoses. [Poisoning by ten centigrammes of phosphorus, dissolved in hot water. Died six days subse-

quently. ORFILA; *Treatise on Toxicology*. Report of Dr. WORBE].

3. The cutaneous surface exhibited numerous patches of livid discoloration. There were numerous extravasations on the pleura, mesentery, and other tissues. [Girl of 13, who took an unknown quantity of phosphorus paste. *British Journal of Homœopathy*. Vol. xxi, page 460].

4. The lungs showed many patches of blood extravasation; the sub-pleural cellular tissue had numerous ecchymoses, and the cellular tissue of the mediastinum presented the same appearances; in the pleura was bloody serum; the sub-peritoneal cellular tissue presented patches of ecchymoses; the mucous membrane of the pelvis of the kidney was covered with spots of ecchymoses. [Soldier, aged 21, who in order to commit suicide took the ends of six ordinary packets of phosphorus matches. *American Journal of Medical Sciences*, January, 1858.]

5. Very large ecchymoses of extravasated blood under the serous membrane of the lungs, both costal and visceral; the lungs presented here and there small ecchymoses; the pericardium and endocardium also exhibited ecchymosed spots; and there were small ecchymoses

in the substance of the liver. [A case of suicide accomplished by swallowing the inflammable material of four boxes of lucifer-matches, scraped off into a wine-glass full of brandy. Prof. LERDET; *Archives Generale de Medicin*, March, 1857].

6. The mucous membrane of the larynx and trachea were covered with patches of ecchymoses, as was also the pleura; beneath the capsule of Glisson there were numerous spots like petechia, and extravasations under the anterior surface of the capsule of the kidney. [Augustus K., aged 30, March 14, 1865, put the ends of eight packs of phosphorus matches into a glass of hot water, let them lie a quarter of an hour, and drank about three-quarters of the solution. Dr. VON PASTAU, Breslau. VIRCHOW'S *Archives*, xxxiv, 3].

7. Erythematous and hæmorrhagic patches occur in the skin with a good deal of irritation and hyperæsthesia; this hæmorrhagic infiltration of the skin is accompanied by similar patches in the serous membranes and other tissues; ecchymoses and gangrenous spots are found in the intestinal tract. [Constitutional effects of poisonous doses of phosphorus. CHAS. D. F. PHILLIPS, *Materia Medica and Therapeutics*. Vol. I, pages 38 and 41].

8. The ecchymoses occur in all parts of the body, but are apt to be especially pronounced in the mediastinum and the serous membranes. [H. C. WOOD, *Treatise on Therapeutics*, 1883, page 112].

9. It has been found that in dogs, after death from phosphorus, the blood does not pass into the veins, but remains in the arteries ; showing that the capillaries are occluded, impervious, or disorganized. [Prof. SCHIEFF, *Archives für Exper. Path. und Ther.* Bd. I, page 347].

10. About thirty little red specks not quite as large as the head of a pin, upon the anterior part of the back of the left hand and upon the fingers of the same hand, especially the third and fourth, as if the blood had settled under the skin, without sensation, coming out at 10 A. M., and lasting all day. [Observation of Dr. B. FINCKE, from a dose of phosphorus, 80 m.]

Concomitants.—Sadness recurring regularly at twilight.

Great timidity associated with a sense of extreme fatigue.

Oversensitive to external impressions : light, odors, noises, contact.

Aversion to coition, or irresistible desire.

Difficulty of falling asleep ; followed by frightful dreams.

Sensation of weakness and emptiness in the abdomen.

Great longing for acids and spicy things.

Constipation ; the fœces being slender, long, narrow, dry, tough, and hard like a dog's ; voided with great difficulty.

Hæmorrhoids, burn like fire and bleed profusely.

Glycosuria.

Albuminuria.

Palpitation of the heart, even while sitting.

Remarkable paleness of the skin and mucous membranes.

Lips and eyelids œdematous.

Nose-bleed and other hæmorrhages.

Slight wounds bleed easily.

Ataxic symptoms with cardiac and respiratory derangements.

Aggravations.—Changes in the weather and emotional excitement are apt to have a depressing influence on the phosphorus patient.

Relationships.—Phosphorus is best suited to elderly persons, rather than to children, unless these have grown rapidly ; to fair complexioned persons of sensitive disposition and quick perceptions.

Comments.—Phosphorus may be useful in purpura hæmorrhagica caused by blood-

changes or by fatty degeneration. In a case of phosphorus poisoning observed by Friedrichs an exanthema of an exquisitely hæmorrhagic character, on the lower extremities, was associated with an unmistakable change in the character of the blood-disks. Very few of these were normal in form or size. Many of them were oblong and were compressed as from ligatures; this process continuing until they were actually divided into two uneven parts, and this went on until, finally, blood-disks of very minute diameter were formed. This decomposition of the blood was very evident, even on the most cursory examination, as it became very dark in color and lost all power of coagulation.

Phosphorus sets up an acute fatty degeneration in every part of the body, and this causes a suspension of the functions of the liver and kidneys. Some similar change is present in the capillaries in cases of purpura. In that recorded by Dr. William Fox in the *British and Foreign Medical and Chirurgical Review*, October, 1865, he states that "sections of the skin near, but not in the parts affected with hæmorrhagic extravasations, gave either with Schultze's solution (chloride of zinc and iodine) or with iodine alone, or iodine and sulphuric acid, a most intense reddish-brown,

in portions between the fat, besides corresponding to the course of the capillaries. This colorization did not pass much into the papillæ. The color, with Schultze's reagent was somewhat evanescent; but that with iodine lasted from forty-eight to seventy-two hours, and in some preparations the marking out of the capillaries was beautifully affected in this manner. This change was not constantly met with in all portions of the skin tested; but was best marked in portions taken in close proximity to the affected spots. In some of these parts, in which I succeeded in isolating portions of the capillaries and smaller arteries, I found that they broke up very easily, that some presented a peculiar glistening, waxy look, while others had a non-granular appearance, in no degree corresponding to the appearances observed in health." Phosphorus produces almost identical changes in the mucous and serous tissues, and to a less degree in the skin, and will prove of especial usefulness where the internal evidences of the disease, as shown by hæmorrhages from the nose, gums, kidney, or rectum, are more pronounced than the extravasations into the cutaneous tissue.

Clinical.—The following case is reported by Dr. C. W. Boyce in the *American Homœopathic Review*, for June, 1865, page 566.

1. Gertrude Clark, aged seven, was a perfectly healthy child, who had never been sick since she was born until the present disease. About March 12, 1865, the pillow on which she had slept at night would be found, in the morning, somewhat stained with blood. After a few days she began to spit bloody saliva, and on examination, March 17, she was found to have small spots of extravasated blood all over the body. When she had the least hurt there would immediately follow a large spot in the vicinity, which would be quite black from the extravasated blood. Any little scratch bled profusely and continuously. The accidental scratch of a pin would bleed so as to saturate cloth after cloth. Little red points appeared on the tongue and on the whole buccal cavity, and these oozed continuously. Blood settled beneath the conjunctiva, and the eyes appeared entirely "bloodshot." The breath became peculiarly offensive. The discharge from the mouth of bloody saliva was filled with shreds of decomposed and disorganized blood. The pulse was regular but quick. The appetite was good and she slept well. She was inclined to play and only became exhausted after considerable exertion. She had been entirely well before, for all that her parents had seen, and, but for the blood, they would not

have at first known that anything was the matter. This was the condition on March 17. It had been five or six days coming on. The appearance was frightful; even ordinary handling would leave the marks of the fingers, as though a powerful blow had been struck on the child, and these spots were inclined to extend indefinitely. A slight knock from a doll baby's head near the eye involved the whole eye and its surroundings in a black unsightly spot. All the secretions were bloody.

On investigating the case, several remedies presented claims for use, but Hahnemann's great characteristic indication for phosphorus, "small wounds bleed much," led to the investigation of this remedy; that and the following symptoms were found to correspond:

Small wounds bleed much.

The gums bleed from small causes.

Much bleeding from the nose from exertion, and especially when straining at stool.

Blows much blood from the nose.

Swelled and easily bleeding gums.

The saliva is bloody mucus.

Great discharge of blood from rectum at stool.

Expectoration of bloody mucus.

Extravasation of blood from all the tissues.

Vicarious hæmorrhages.

So many of the symptoms were found in phosphorus that it was given in the case March 18. Up to this time the hæmorrhagic condition had grown rapidly worse. So very weak had she become that she tottered when attempting to walk, and she was obliged to sit down. For twenty-four hours after the phosphorus was given there was no change in the condition. This dose held the case exactly the same.

March 19. Phosphorus was again given. Immediately the disease began to diminish, and the blood disappeared as it had appeared. Thus two doses of phosphorus 200 cured this really dangerous disease.

The subjoined two cases are from an article by Dr. William Arnold, of Heidelberg, in the *Hom. Vierteljahrschrift*, Vol. v., page 167.

2. The son of cooper Q. was attacked with purpura in August, 1852, having been ailing for several days previously. I had seen him eight days before, and found him a lively, strong, well-nourished boy of good appearance, with no sign of any scrofulous or other diathesis; but whose appearance showed that he was accustomed to spend the greater part of the day in the open air. No cause could be assigned, except that in the warm days previous to his

attack he had been a good part of the time playing in the river, and should we wish to assign this as the cause, it is strange that none of his companions, among whom were several weakly ones, were similarly affected.

When I saw the patient for the first time, he was in bed, complained of weakness, and was covered with reddish spots and stripes, being most numerous on parts covered usually by the clothes. Face and hands were free. Frequent epistaxis, occasionally some bleeding from the gums, although no spots could be discovered in the mouth. Aside from the feeling of weakness no symptom of general disease.

August 21, I ordered phosphorus 2 x; the rooms to be well ventilated, and light digestible food to be given.

Aug. 23. Condition decidedly improved. No hamorrhage in the last twelve hours, and the spots are lighter colored and lessened in number. At the same time the boy was out of bed, felt less tired, and according to the parents the boy was livelier and appetite was returning. I repeated the medicine, a spoonful every three hours.

Aug. 26. I found the boy playing in the garden, he felt well. No more epistaxis. The spots had partially disappeared, the balance were paler. No more medication and drugs,

and in five days no trace of the disease could be discovered.

3. On the 4th of February I was called to see the daughter of Mrs. C. N., a girl of eight years. She is well nourished, and was until now in perfect health. Her constitution might be called a lymphatic one, with some tendency to scrofulosis. No cause for her sickness can be ascertained, unless you wish to assign as the cause the sudden death of her father. How much the child was affected by this, is difficult to judge, as she is accustomed to sit quietly by herself, and is not very demonstrative. The mother noted no change in her, until on the morning of February 4, a hæmorrhage from the nose and mouth set in. Upon closer observation she noticed a number of spots and stripes on the whole body, although the little one made no complaint. Upon examination, I found not alone spots on the entire body, but likewise on tongue and palate. Hæmorrhages were frequent from the nose and mouth without any apparent cause, especially when clearing the throat or coughing, which would occur after waking from a short sleep.

Some blood was lost with the stools, the stools having the appearance of being covered with a thin layer of blood. In spite of this, no disturbance of any organ could be discovered ;

there was no fever nor pain ; the child only felt somewhat weakened from the loss of blood. I prescribed phosphorus 2 x.

Feb. 6. I called upon the patient and ascertained that after the third dose the hæmorrhages from nose and mouth had ceased, that upon awakening she had coughed up no more blood. On examination I found the spots on body and mouth lessened in intensity.

The same medicine was ordered, every three hours one-half tablespoonful, and on the 9th of February, I was happy in being able to discharge the patient, as far as taking medicine was concerned. No trace of hæmorrhage for several days. The spots had either entirely disappeared, or left slight red or yellow-red color of the skin. These disappeared without any medication, so that fourteen days later, when I again visited the child, no trace of spots or of any appearance of sickness could be discovered.

The following cases were furnished to me by Prof. Temple S. Hoyne, M. D., of Chicago :

4. The patient was a boy about sixteen years old, and comparatively healthy. He was very fond of meat, but disliked vegetables and would hardly ever touch them. There were extravasations of blood beneath the skin of the arm, chest, and other portions of the body. The

slightest breaking of the skin was followed by profuse bleeding, and the drawing of a tooth caused an excessive and prolonged hæmorrhage. Lemons and other fruits were ordered in connection with phosphorus 200, and the boy recovered completely.

5. A case of purpura, which I saw in consultation with Dr. Ballard, of this city, was accompanied by profuse hæmorrhage, which, after finally being controlled by plugging the nostrils, was followed by an alarming bleeding from the lungs and stomach. Even touching the lips would bring on hæmorrhage from the mouth. Phosphorus 200 stopped these hæmorrhages, and really saved the girl's life.

Dr. Elias C. Price, of Baltimore, sends me the following observations :

6. I have seen numerous cases of another variety, on the legs of old persons. These spots look like real blood blisters, of a very bright-red color. The smaller ones are perfectly round. They vary in size from that of a No 30 pellet to two inches in diameter. Phosphorus has generally cured this condition in a very short time.

Dr. J. Compton Burnett, of London, published the two following cases in the *Homœopathic World*, February, 1873 :

7. About a month since a boy of ten was brought to me for treatment. His mother stated that on the day previous, there had been a rather profuse discharge of blood from his nose and mouth. The conjunctiva of the right eye was suffused with extravasated blood, and the whole neighborhood of the right eye was ecchymosed. There were likewise ecchymoses on the nose, cheeks and forehead. In fact, it looked as if my patient had made considerable practical experience of a pugilistic kind. This he, however, stoutly denied, and no history of an accident could be made out. There were no purpuric spots to be detected. Inclining to the view that it was traumatic, I prescribed *arnica montana*. At the second consultation, a week subsequently, the mother stated that the boy had again had hæmorrhages from the mouth and nose; the objective symptoms were the same as at the former visit. I now prescribed phosphorus 1. Since then there have been no further hæmorrhages, and the ecchymoses have disappeared.

8. About five weeks since Eliza R., æt. seven, was brought by her mother, who stated the child had repeatedly had bleeding from the left ear. On examination I found the whole surface of the body dotted with characteristic purpuric spots, in size varying from that of the

CLINICAL CASES.

scarcely perceptible to that of a four-penny piece. There were considerable constitutional disturbance and anorexia. The meatus auditorius externus of the left side was partially occluded with blood clots, which were dry and adherent to the walls. Prescribed aconitum and phosphorus in four-hourly alternations. No further extravasation took place, and the patient was discharged cured a fortnight since.

9. Dr. Penoyer, of Kenosha, Wis., while passing along the street was called in by Dr. Farr to see a case of purpura to which he had just been called, but for which he had not prescribed. After looking over the case Dr. Penoyer suggested phosphorus *cc.* in solution, as the case presented a startling resemblance to phosphorus toxicosis. At Dr. Farr's request he prepared the remedy, which was given as directed. The disease disappeared rapidly and the patient was discharged convalescent in three days.

LACHESIS.

Skin. 1. Scarlet-red spots as large as the hand on the right chest, shoulder, and arm, with great thirst, rapid pulse, short breath, coated tongue. [Within twenty-four hours after the administration of Lachesis 30 for cancer of the right breast. Gross, in Hering's *Denks-*

chrift der N. Am. Akad. der Hom. Heilk., 1837.]

2. A red burning spot on the thumb. [Effect of 30th dilution. *Ibid.*]

3. Red spots like bug bites, over the short ribs and towards the umbilicus. [Effect of 30th dilution ; WESSELHÆFT. *Ibid.*]

4. Sensitive spots as large as a quarter dollar, with dark blue-red margins and dry scurf. [Effects of 30th dilution ; RÖNIG. *Ibid.*]

5. Small red points here and there on the fingers, which itch very much. [Effects of the 2d trituration. *Ibid.*]

6. After incessant itching there appeared a round, red, very hard bunch on the back of the middle finger, lasting a long time, without vesicles and without suppuration. * * * Six weeks later, after a blow on the bunch (which had almost entirely disappeared) it bled unusually profusely. [Effects of 30th dilution. *Ibid.*]

7. Various eruptions, burning and itching. [*Ibid.*]

8. Gangrene. [From a bite. *Ibid.*]

9. Trickling of blood from the nose ; in very many cases, and in various diseases. [*Ibid.*]

Concomitants.—Aggravation of all symptoms after sleep.

Loquaciousness.

Vertigo in the morning on waking.

Headache extending into the root of the nose.

Black flickering before the eyes.

Dryness in the throat, without thirst.

External throat very sensitive to touch.

Great physical and mental exhaustion.

Icy coldness of the feet.

Comments.—The similarity between lachesis and other venoms has been discussed under crotalus. The above citations from the provings show very little relation to purpura, yet lachesis exerts a powerful decomposing influence on the blood, and causes gangrene in the muscles and viscera. The principle difference between lachesis and crotalus is that the former has more of the neurotic element (Burt). When purpura sets in with an intense prostration, which bears down before it alike the mental and vital forces, lachesis will probably be helpful. The blood is black and not coaguable; the affected parts are bluish, and everywhere there is a tendency toward gangrene; the patient is exhausted by the constant aching pains in the extremities, by the intense febrile paroxysms, and by a persistent insomnia, which is aggravated by the fact that the patient is

afraid to sleep, as he feels so much worse afterwards. Says Dr. P. Jousset, in the *North American Journal of Homœopathy*, Vol. ix, page 229 :

“Lachesis corresponds to the more malignant form of purpura hæmorrhagica. Its pathogenesis gives us, hæmorrhages and blood-extravasations in different organs ; ecchymoses ; red and black spots on the skin ; epistaxis ; hæmatemesis ; melanosis ; hæmoptysis ; great lassitude with lipothymia and syncope ; considerable prostration ; pulse small, weak ; perceptible fever.”

Dr. Richard Hughes, in his *Pharmacodynamics*, Fourth edition (1880), page 604, says of the serpent venoms, that lachesis should be borne in mind as a remedy :

1st. Whenever jaundice, primary or secondary, is accompanied with ecchymoses and hæmorrhages. Here it compares with phosphorus, which would supplant it when the liver was intimately affected, as in acute atrophy of that organ.

2d. Whenever the purpuric condition supervenes upon other diseases, as typhus or variola, constituting their hæmorrhagic form, arsenic is tolerably homœopathic, but is hardly rapid enough in its action.

3d. When the epidemic cerebro-spinal meningitis appears in the form known as "malignant purpuric" or "spotted fever." Here the prostration is long and intense; the febrile reaction slight; and the appearance of petechia constant, with sometimes hæmorrhages.

Clinical.—Prof. Conrad Wesselhœft reports the following case in the *British Journal of Homœopathy*, 1864, page 491.

1. Mr. C. H., 22, married, of fair complexion, light hair, blue eyes, for some time has had upon his legs, from the knees downward purplish or bluish-black circular spots, varying from a five cent piece to that of a dime, very painful to touch; at the same time the entire portion of the legs pain as if burned.

His perspiration emitted an odor like that of putrescent wine, his breath was likewise very offensive; slept all night but was restless; prostration after slight exertion and desire to lie down were prominent symptoms. Lachesis, 3 doses cured; three months after patient feels perfectly well.

Prof. G. M. Pease, M. D., of the San Francisco college, has sent me the following cases:

2. In 1881, I had a very interesting case of purpura to treat, which had been under the treatment of an Allopathic physician for some time

without relief. The patient was a young lady, about twenty-five years of age. She had had for some time crops of purpuric spots, varying in size from that of a pin's head to a silver dollar, coming out very plentifully upon the arms and legs, and less freely upon the body. Slight pinching at almost any point would bring the blood to the surface, and sometimes it would ooze through. Merely scratching any uncolored spot would be speedily followed by an extravasation of blood at that point. She had a headache every morning, with a sticky, gummy collection in the mouth after a night's sleep—that is so much of sleep as she got, for she was at frequent intervals awakened in the night by a *burning* and itching of the purpuric spots, and upon spots at which the extravasation was about taking place. Her menses had for some time been scanty ; and she was so debilitated that her strength seemed all gone. Lachesis 200 was given at the first visit, and the next day there was some evidence of improvement. On the third day I called again and found her so nearly well that I dismissed the case, subject to being called if needed. In about two weeks thereafter she came to my office and stated that there were no fresh spots after the second day, and that nearly all the old ones had now disappeared, the few remaining were

hardly to be seen. Four years have passed and she has had no return of the trouble; nor has she had any other sickness. The Allopathic doctor who had previously treated her, who happened to be a personal friend, was so astounded that he asked me how it was done.

3. Another case lately, not so severe as the above, but having many of the same characteristics, has also yielded promptly to lachesis. In the cases of purpura which I have had to treat, lachesis has been more frequently indicated than any other remedy.

Dr. John L. Seward, of Orange, N. J., published the following case in the *American Homœopathist*, October, 1885:

4. The following case came under my observation, soon after I settled in Orange, about twelve years ago:

This patient was a lady, about 40 years of age, a school-teacher by profession, and a woman of considerable energy. She was a very decided brunette, with dark complexion and black hair, a heavy frame, but now thin and flabby. She had always had very profuse menses, even from girlhood, and while she had had many doctors she was in no wise benefitted, but rather grew worse. Coming into the community as a stranger, no one else having helped

her, she determined to try me. When sent for I found her flowing very profusely, the blood being dark and partially coagulated, and attended with labor-like pressing from the small of the back downward and through the genitals. The pains were periodical, each being followed by a gush of clotted blood. Her sleep was restless, and, indeed, for the most part, she was drowsy, but unable to get into any real, quiet sleep. She was extremely irritable and peevish, and presented so strongly the mental characteristics of chamomilla, that I gave that remedy in the two hundredth potency. This seemed to control the hæmorrhage, and the period lasted for a much shorter time than had been her habit.

Before the time for her next period she went on a visit to Syracuse, where she remained three months, and had several severe hæmorrhages. On her return to South Orange, I was sent for, but the case made very poor progress. Again in six weeks she was taken with another severe hæmorrhage, and became so reduced and weak as to thoroughly alarm me. Her mother then told me about the purpuric spots with which she was affected, and upon examination I found a number of splotches of extravasated blood upon the chest, abdomen and back, irregular in shape, and about half the size of the

palm of my hand. There were none of these spots upon the extremities or neck, they being confined both then and at all times, to the surface of the trunk. I found, upon inquiry, that all her life she would bruise very easily, that the slightest knock, or even pressure upon the skin, would cause a black and blue mark, which would continue to spread until it had become quite large, and that ever since she was a young lady, these spots had also occurred spontaneously upon the body. She had also from her youth up been subject to violent nose-bleed, and always carried three or four handkerchiefs at a time, for which she had frequent occasion. We had now got along to the middle of March, and the weather was quite cold, yet she insisted upon having the windows all open, and the attendants went about with their overcoats and other out-door wraps on ; yet she did not seem to feel the cold. I gave her, at various times, arsenic, phosphorus, bryonia, and chamomilla, on general principles, without apparently accomplishing any good. She had become so weak that she could be fed only with liquid, peptonized food, and I became so worried about her that I fell into the habit of staying at the house nights. I noticed one night that after she had been in a little doze, that she awoke with a suffocative sensation. In-

stantly there flashed into my mind—*Lachesis* ; and I then could see many strong resemblances between that remedy and this case, which had not occurred to me before. I had a little of the two hundredth potency with me, and I fixed some in water, and began its administration. She improved rapidly and steadily from that date, and made a complete recovery. The purpuric spots disappeared and never returned ; she became less susceptible to bruises than ever before in her life ; she had no more epistaxis ; her menstruation became almost normal as to amount, frequency and painlessness ; and she passed through the menopause without trouble. This case was among my first successes, and wonderfully confirmed me in my belief in the homœopathic law.

The following case is probably not purpura, but it serves to illustrate the direction in which lachesis may be applied with advantage. It was published by Dr. Constantine Hering in *Archiv. für die Hom. Heilkunst*, vol. xvi :

5. A young man, weakened by disease and by medicine, had suffered much from pains in the bones (probably mercurial syphilitic) of the right arm, which had been still further weakened by the fracture of the clavicle. After he had been cured of this pain as well as of

caries of the upper jaw, and had remained perfectly well during four months of the coldest weather, that is, from December to March, he was attacked without any ascribed cause, except that he had taken a piece of ice in his hand, suddenly, one morning, with the following affection: Swelling of the back of the right hand, extending down the fingers; the whole after a few minutes became quite livid. After being wetted with hot brandy it went off: but after some days it returned as suddenly as before, and much more severe, and then it appeared every day, each day earlier than the foregoing, and continued three or four hours. It begins with severe itching and creeping; the hand becomes blue and gradually darker, and has the appearance of a contusion on the worst part, but more transparent; it is at parts mottled; the hand looks as if it was stuffed, it is so hard. The affection now goes from the middle of the back of the hand, over all the fingers, the hand is ice-cold, but seems to him burning hot, it is very sensitive to pressure, and he can bear nothing to lie upon it; burning and pricking in the finger ends; the heat of the stove relieves the pain, but increases the creeping sensation. Lachesis cured.

ARSENICUM.

Skin.—Petechiæ. Ecchymoses.

1. Small ecchymoses, or rather petechiæ. [ROTH's collection of poison cases.]

2. Blue spots on the abdomen, genital organs, and white of the eye. [KAISER; poisoning of a whole family by arsenic.]

3. Purple petechiæ on chest and neck. [A. McLEOD; in *Edinburgh Medical and Surgical Journal*, vol. xv, page 553.]

4. Eruption resembling red petechiæ, from the size of a flea bite up to that of a lentil, sharply circumscribed, in the evening, painful, dry, moist, and burning after scratching. [Symptom from HAHNEMANN.]

5. Numerous petechial spots over the skin of the trunk and thighs. [Dr. VITRY; *Ann. d'Hygiène et de Médecin. Legal*, 1846.]

6. Small spots of purpura on neck. [A family poisoned by arsenic in food. *Dublin Quart. Journal of Medical Science*, 1851.]

7. Purple patches gradually covered his arm and side. [From making arsenical candles. *Dublin Medical Press*, vol. xiii, page 61.]

Concomitants.—Great restlessness; rapid emaciation; burning thirst.

Burning pains everywhere.

Œdematous tendencies.

Excoriating discharges ; eyes, nose, ears.

Suffocation when lying ; must sit up.

Constant uneasiness ; cannot lie still ; must change position.

Frequent starting during sleep.

Worse at night ; relieved by warmth.

Comments.—Arsenicum presents in a very characteristic manner the more salient features of purpura hæmorrhagica ; petechiæ occur on various parts of the body, and multiple hæmorrhages from the various organs. It holds a position very little inferior to the serpent venoms, and corresponds to a very dangerous form of the disorder. Arsenic causes a progressive decrease in both the white and red corpuscles of the blood. The petechiæ seen upon the skin are accompanied by ecchymoses in the lungs, pleuræ, pericardium, and heart. In chronic arsenical poisoning there is fatty degeneration of both the liver and the kidney.

Clinical.—Jahr, in *Forty Years' Practice*, relates the following desperate case, which is interesting in itself, and because it illustrates how even the most competent sometimes find cure by a fluke, after apparently well-selected remedies have failed.

1. One evening I was called to a young lady

who had been living in extreme indigence for some six weeks, and had only had a very scanty supply of nourishment on three or four days in the week. One of her relatives conducted me to her to relieve her of a terrible menorrhagia that had weakened her to such an extent that she was unable to leave her bed. I prescribed china 30th, two globules in a few tablespoonfuls of water, a teaspoonful of which solution was to be taken every half hour until I should see her again early next morning. Next morning the menorrhagia was not only unimproved, but hæmorrhages from the nose and mouth had supervened ; on the skin generally no spots could as yet be perceived. I now prescribed phosphorus 30th, two globules in water, to be taken in the same manner as the china, and, in case of improvement, to be continued every hour until my evening visit. During the day I received a written message that the hæmorrhage continued to increase all the time, and that the patient fell from one syncope into another. Not being at home when this message arrived, I did not see my patient again until evening, when I found her in a most desperate condition. With the hæmorrhages from the uterus, mouth and nose, spots and blisters of the size of a dollar had become associated in the mouth and on the

skin of the whole body; pure blood oozed from these spots, and the patient, who still retained her full consciousness, lay like a corpse, with death-like pallor of the hippocratic countenance, dull, lustreless eyes, and icy-coldness of the whole body, as if perfectly inanimate. Although I had not a ray of hope of saving her, yet I placed two globules of arsenicum, 30th, dry on her tongue, leaving at the same time a watery solution of the same dose, with instructions to administer it in the same manner as either of the other remedies, and, if anything untoward should happen, to send for me in the night. I was not sent for, but next morning at seven o'clock I received a note that had been written the evening previous, shortly after my departure, and wherein I was requested not to trouble myself with any further visits, and that an old-school physician had been sent for. I heard nothing further of my patient and thought her in her grave, when six months afterwards a young couple walked into my office, and I was asked by the young man, who was a stranger to me, whether I remembered a dying young woman whom I had treated for hæmorrhage. I replied yes, and said, moreover, that if no other physician had been sent for, and my last prescription had been continued, she would probably still

be in the land of the living. "She did continue your medicine," now interrupted the pale young woman, but who otherwise seemed to enjoy good health; "she continued your medicine, and the medicine of the other doctor was poured out of the window, and this is the reason why she now stands here before you, restored to life and health, and married, and wishes to know how much she owes you." When I heard these words I was scarcely able to believe my senses; nevertheless, she was the identical person. The more I looked at her and heard her talk, the better I recognized the voice and features of my former patient, and I now heard for the first time that the physician, whom one of her relatives had sent for, had told the family that nothing could be done for the young lady, and that she would certainly die over night; nevertheless, he was willing to leave a prescription and to call again the following morning. Before his prescription arrived from the pharmacy the two globules of arsenicum had already effected a considerable decrease of the hæmorrhage, and the family concluded to continue my watery solution of arsenicum, and, the improvement progressing all the time, to have it renewed by the apothecary, so that eight days after my last visit the patient was completely restored.

Such miracles are performed even by the smallest doses of appropriately-selected remedies.

Dr. Geo. M. Ockford reported the following case in the *American Homœopathist*, August, 1885.

2. I have had but two cases of purpura all told. One was in a woman, aged sixty-five, who had always worked very hard and lived very poorly, and whose system had been completely broken down by these adverse influences and numerous attacks of intermittent fever. She was anæmic and cachectic. Before the appearance of the purpuric spots there had been languor, a profound sense of weakness and weariness, and considerable digestive derangement, including pain in the pit of the stomach and tenderness on pressure. The purpuric extravasations were mainly upon the extremities, although one or two spots appeared upon the body, but no petechiæ upon the face were observed. I gave her arsenicum, 3 x trituration, which speedily removed the extravasations and cured the case.

Prof. A. E. Small, M. D., has sent me the following report of a case :

3. A young man, 18 years of age, nervous-

bilious temperament, contracted a cold five years ago last March. After a few days a febrile condition ensued, marked by a peculiar prostration. He had been for some time at hard study in preparation to enter Harvard University, and the chief symptom manifest at first, appeared to be exhaustion from too close application to his studies. After a few days, however, spots of purpura were noticed on his arms and body, and epistaxis was an accompaniment. These ecchymosed spots became quite numerous, varying in size, as that from a dime to a half-dollar. The case was diagnosed as genuine purpura hæmorrhagica, or morbus maculosus Werlhofii. The extreme weakness of this patient suggested the employment of arsenicum, which was administered in the third decimal trituration, twice a day, while the external surroundings of the patient were made as pleasant as possible and favorable to recovery. China was also prescribed after arsenicum, and finally, bryonia. The patient recovered, and entered Harvard College, but was obliged to leave during the senior year, on account of threatened tuberculosis. He has since been under my care, and I date the commencement of his lung trouble to the siege of purpura he passed through before he entered college.

The following case was reported to me by Dr. W. M. L. Fiske, of Brooklyn, New York :

4. The patient was a foreman in the shoe shop at the Kings County penitentiary. He had an attack in four successive years. In none of these were the constitutional symptoms very marked. He recovered under arsenicum.

The following case, by Dr. S. D. Jones, is from Hoyne's *Clinical Therapeutics*, vol. I, page 356 :

5. A gentleman, thirty-five years of age, had typhoid fever for six weeks ; had been treated allopathically, and had been pronounced convalescent, but relapsed and became delirious ; made vigorous efforts to get away, believing that those around him were enemies, and were endeavoring to take his life ; delirium continued about three days. At this period small purple or bruised-like spots made their appearance upon his body, arms and legs. These spots turned almost black, and spread, many of them, to the size of the hand, and extended over his body, especially his chest and abdomen ; profuse hæmorrhage set in from the nose and left eye ; after a few days both ears discharged small quantities of blood ; the hæmorrhage from the nose and left eye was so great that there were fears of bleeding to death. This

bleeding was arrested after a few days, when the patient sank into a comatose state, and became entirely unconscious ; lay with his eyes rolled back, eyelids and mouth open ; pulse 120, small and corded ; surface hot and dry and a general anæmic condition of the entire body ; tongue dry and covered with a dry, brown crust ; bowels constipated. Gave aconite 3d dilution, in water every hour, when the pulse was reduced to 96, and softer. Then gave arsenicum, 3d trituration, in water, every four hours. Compressed the chest and abdomen with cloths wrung out of tepid water, in which tincture of arnica has been mixed, in the proportion of a teaspoonful to a pint of water ; extremities rubbed and kept warm by wrapping them in flannels, and a jug of hot water to the feet ; enemas of tepid water to the bowels every day. Forty-eight hours after a perceptible change had taken place for the better : pulse 97, fuller and more soft ; consciousness gradually returned. Continued the treatment, except the compress, which was continued about one week. Patient gradually and steadily improved.

Dr. C. Heinigke reported in the *Alle. Hom. Zeitung*, 81, page 27, as follows :

6. A case of red, infiltrated spots, which burn, cured by arsenicum 6.

SECALE.

Skin. — 1. Petechiæ. Large ecchymoses. Gangrenous blisters. Blood-boils. [RICHTER; *Spec. Therapia*, Tome vi.]

2. Spots like flea-bites, on the feet, lasting eight weeks. [ANT. SCRINC; in *Satyr. med. Siles. Spec.*, iv., Obs. v, page 35.]

3. Petechiæ. [HAASE; *Handbuch der chron. Krankheiten*, Tome ii.]

4. Petechial exanthema and furuncles on the lower limbs; outer parts of the limbs, especially the fingers, turn dark-blue, become gangrenous and die altogether; the gangrene rapidly extended over other parts of the body, was not confined to fleshy parts, but affected the bone, so that often the gangrenous parts fell off. [DREYSIG; *Handbuch der med. Diagnostica*, Band 2.]

5. An eruption of livid spots broke out over the body. [Account of the Ergot Epidemic in Germany, 1770; Prof. A. T. THOMSON, Lecturer on Medical Jurisprudence, *London Lancet*, Sept. 9, 1837.]

6. The skin livid on account of slow action of the capillaries. [Effects of 40 minims of the oil; in a young man, aged twenty; Dr.

CHARLES HOOKER, *Boston Medical and Surgical Journal*, 1834, page 300.]

Concomitants.—Sensation as of something creeping on or under the skin.

Coldness of the surface of the body.

Cold, clammy condition of the skin.

Extreme aversion to heat.

Heat applied to any part of the body makes the patient worse.

Anxiety and fear of death.

All the senses benumbed ; sight, hearing, etc.

Eyes sunken and surrounded with a blue margin.

Dimness of vision ; everything looks black when moving the head ; when rising up in bed everything turns black before the eyes.

Roaring in the ears with great difficulty of hearing.

Constant nose-bleed.

Face pale, sunken, hippocratic.

Lips bluish.

Speech slow and weak.

Hæmorrhages from the stomach, bowels, kidneys, uterus.

Anxious respiration.

Constant sighing.

Pulse small, rapid, and intermittent.

Restlessness : prostration ; extreme debility ; rapid sinking of strength.

Comments.—The evidences of the purpura-producing power of secale are sufficient, but I have not been able to trace them satisfactorily to myself. The half-dozen observations cited above prove how serviceable it is likely to be in those cases in which the well-known characteristics of the drug are present.

Clinical—The following very interesting case was reported by me, in the *American Homœopathist*, August, 1885 :

1. On June 17, 1881, I was called in to see a German woman, aged 55, living on 29th street, opposite the old Hudson River Railway sheds. I had known the family for some time, as a son, a jeweler by trade, had a peculiar trouble of the heart. The old lady had not been ill for many years, but had for months complained of a numbness of the left leg and foot, for which, however, she refused treatment, believing she could work it off. She was one of those dried-up little specimens, with a leathery skin, which we so often see among the poor class of German immigrants. The block on which they lived was notorious for its bad sanitary condition, and during the hot weather which was now prevailing funerals were a daily occurrence.

She had been ill for several days, but refused to have medical attendance, as she had a great scorn for doctors. I was at the time attending that anomalous case of puerperal fever which I reported in the *New York Medical Times* for September, 1881, cured by *calcarea carbonica* 200, in the next house, and her daughter, seeing me pass the door, called me in to see her mother. The old lady refused to look at me or speak to me, but by using my eyes and from the report of the family I gathered the following facts in the case: She had had for two or three weeks a sensation on various parts of the skin, but most pronounced on the lower extremities, as of insects or vermin creeping about on her. She also complained of lack of sensation in her left foot and in both hands, which induced her to continually rub them with a piece of flannel. She had been taking some kind of German medicinal tea, the composition of which I did not learn. She evinced the greatest objection to lying in bed, and although very weak required constant supervision and persuasion to keep her there—and this when so exhausted that the attempt to get up only resulted in her sliding down upon the floor. Equally marked was her repugnance to being covered; and when I first saw her she lay in bed with nothing on but a short chemise and her

native modesty. What attracted my attention first was the shrunken and anxious expression of her face, and next the peculiar appearance of her feet and legs. Both feet and legs up to the knee were covered with bruises, or what appeared to be such. These were much worse on the left side, where the toes were actually black. That this was not a mere local trouble was shown by the presence of ecchymoses upon the forearms and upon the buttocks. More alarming, to the family at least, was the emetocatharsis. The vomiting and purging occurred simultaneously and involuntarily, nearly hourly, but neither were very copious. The dejected matter was watery, nearly colorless, and preceded by colic and rumbling in the abdomen. Her skin was cold and clammy. She had a great thirst and was clamorous (or at least had been until her voice became so husky and weak as scarcely to be heard) for iced water, lemonade, beer, anything that was cold. She had had bleeding from the nose, but its character and frequency I could not learn. The urine was suppressed. Of course, there was never a doubt about the remedy; if in so desperate a case any drug could save it was secale. Whatever the remedy did do it was not a "faith-cure," either on account of the doctor's mental attitude or the patient's; and I expected to

find her dead on my return in the evening. Secale was given in the sixth trituration, dry on the tongue, every ten minutes for an hour, and afterwards half-hourly : a higher potency would have been given if I had had it with me. When I saw her four hours later, the vomiting had ceased, but the bowels remained about the same except in frequency. The medicine was commenced at 2:30 P. M., and the diarrhœa ceased at about midnight. The reaction was followed by a slight fever, for which I gave, the next day, aconite (this now I believe to have been a mistake), returning again to secale in the evening, on account of her having had a diarrhœic stool. The purpura gradually faded, and quite disappeared in eight or nine days.

2. Prof. J. R. Kippax, M. D., writes me that the hypodermic injection of the fluid extract of ergot, in ten minim doses, every six hours, did good service in a case in which the purpuric spots were dark, confined mostly to the extremities, and attended with profuse uterine hæmorrhage, after both erigeron 3 x and secale 3 x, internally, had failed to relieve.

Dr. J. L. Gage, of Vassar, Mich., published the following case in the *American Homœopathist*, November, 1885, as showing the power of a proper remedy to cure :

3. A few years ago a man aged about fifty fell and broke the tibia above the ankle. He was helped up, and walked with help some rods, and being assisted into a wagon, rode home, got out, and walked into his house. The broken ends of the bones lacerated the soft parts, so in two or three days the leg was black all around the ankle, except a strip about an inch wide on the under side. It was a question whether the leg should come off, I determining to try and save the leg, and did. *Secale* 6, was the chief remedy given. There was sloughing, some deep, some superficial; but it healed readily, and he had a good leg again. In gangrene and purpuric hæmorrhages *secale* is most frequently our main reliance.

CHINA.

Skin.--*Petechiæ.* *Purpura hæmorrhagica.*

1. A woman, 50 years of age, took, every six hours, 10 centigrammes of sulphate of quinine, for neuralgia. The next day the dose was increased to 15 centigrammes, and a blister was applied to the axilla. The next day, the part blistered was all black; a sanguinolent serosity exuded from it; more than that, the whole body was covered with spots of purpura. Quinine was suspended and the mineral acids substituted for it. At the end of nine days all

the body was well ; the axilla was healed at the end of fifteen days. Quinine was subsequently prescribed for toothache, and the purpura reappeared. In this case, and in those that followed, the quinine was chemically pure ; and hence must be regarded as the only cause of the phenomena observed. [Dr. VÉPAU, in *Bulletin Gen. de Ther.*, lxxii. page 140.]

2. A woman took quinine to relieve herself of a tertian fever. The second day she had nose-bleed ; the body was covered with spots of purpura ; the gums bleeding. The quinine was suspended, and mineral acids given for three days ; then, a laxative : and at the end of eight days the spots had disappeared. [*Ibid.*]

3. A boy 12 years of age, presenting a general debility, took quinine. At the end of a few days purpura developed itself ; but the quinine was continued some time, to try its action. The purpura increased ; the gums bled. The quinine was stopped, saline purgatives given, and in ten days the skin was well. [*Ibid.*]

4. A man, who took quinine for a masked fever, presented no trace of a cutaneous affection, even at the end of fifteen days. Attention being called to the subject, it was thought that he would escape ; nevertheless, three days

after, he had twenty spots upon the shoulders.
[*Ibid.*]

Concomitants.—Excessive sensitiveness of the nervous system ; all the symptoms are aggravated by the slightest contact, by motion, or by mental or physical effort.

The brain beats in waves against the skull.

ringing in the ears.

No desire for eating or drinking.

Body sore all over.

Perspiration very profuse and debilitating, especially at night.

Profuse sweat during sleep, or on being covered up.

Perspiration on the side on which he lies.

Jaundice.

Periodical, or intermitting, symptoms.

Prostration, with neither thirst nor hunger.

Debility following the loss of blood or other fluids.

Relationships.—Best suited to swarthy persons, “broken-down” constitutions and old women.

Clinical.—The following case was reported by the writer, in the *American Homœopathist*, for August, 1885 :

1. Mrs. L. M. B., a native of England, aged 37, resident in New York about nine years ; bru-

nette ; large and fleshy ; originally of a ruddy complexion, but now pale and anæmic ; the mother of four children, and in her last confinement, about one year previous to the date here mentioned, lost an enormous amount of blood, so much so as to endanger her life, since which time she has been feeble and dispirited ; her menses have always been rather free, and at times menorrhagic. The husband, who had formerly been a good workman, had for the past year and a half taken to drink, and the family had sunken into absolute poverty. The wife had endeavored to support herself and children by taking in coarse washing, and her system was much run down by over work, insufficiency of food, and constant anxiety. To these influences was probably due the severity of the hæmorrhage at her last confinement. The child, unfortunately, lived until its tenth month, when it died of capillary bronchitis. The exhaustion caused by nursing this child, and her untoward surroundings, brought on a low fever, for which she received large doses of sulphate of quinine from a dispensary doctor. This was the condition of things when I first saw her, in March, 1881. Through a charitable organization I secured the removal of the family from the wretched room they occupied in a rear building on Eleventh avenue, near Twenty-

eighth street, to much healthier and cleaner quarters on Twenty-fourth street, near Ninth avenue. Work was found for the husband, who promised to reform, and who did maintain tolerably decent habits for some months thereafter.

A study of the patient's condition led me to give *natrum muriaticum*, both because she had been dosed heavily with quinine, and on account of various symptoms which corresponded with its pathogenesis; but, although it was continued for two weeks, in varying potency, with a milk and beef-tea diet, I saw no benefit from it. In some ways the patient was better, but these changes could well be ascribed to her improved surroundings and dietary.

She had a fever every day, beginning late in the forenoon, without chill, continuing until evening, and passing off with a copious sweat which lasted until near morning. The fever would vary day by day as to the hour of commencement, sometimes as early as ten o'clock, or as late as one o'clock, but never the same.

During the fever she was stupid, and could not be depended upon to describe her sensations. In the morning she had a bursting headache, and the congestion to the head apparently continued all day; but as soon as the perspiration set in all the untoward symptoms

disappeared, she became lively and bright, said she felt well and free from pain, and drank milk frequently and greedily. I stuck to *natrum* longer than I otherwise should on account of one symptom—fever blisters on the lips—but, finally, changed to *nux vomica*. This, *ignatia*, *rhys tox.*, and *lycopodium* were given during the next (third) week of treatment. The symptoms varied considerably, and I was making a rather hopeless stern-chase after them, and felt very much discouraged, when a new phase presented itself and altered the entire outlook. Her menses came on the 16th day of treatment, and were profuse. The discharge was watery, and contained numerous dark coagula. On the 21st day, the menses continuing, and the patient being now very weak and apathetic, I was shocked to find that there had appeared spontaneously several ecchymoses on the left thigh about the size of a silver dollar, and smaller ones on the leg, foot and along the lumbar region. *Phosphorus 12* was given, bi-hourly.

22d day. The ecchymoses have spread considerably, the old ones enlarging and many new ones forming. Her face is shrunken and livid, with eyes surrounded by heavy blue lines; sight dim and uncertain; noises in the ear, like distant bells; very apathetic, and

either does not reply at all to questions, or slowly, as if she did not fully comprehend ; desires continually cold lemonade, and refuses milk and the beef-tea, which disagree, causing eructations ; urine scanty, turbid, and with a red-brown sediment, diarrhœa of bloody mucus, scanty, infrequent, painless ; she wants to be bolstered up in bed on account of oppression in the chest, when lying down ; skin cold, clammy and greasy ; temperature (axilla), 103. 4° F.

In the presence of so grave a condition, I naturally hesitated as to the best course to pursue. Evidently phosphorus was doing no good. Various remedies, which had seemed indicated—at least, they were not given thoughtlessly and without much study—had been given, nevertheless, without result. I had avoided china, which had several times been called to my mind by symptoms in the case, because she had been so recently deluged with it. However, I could not disguise from myself the many points of resemblance between this drug and the case before me, and on studying its pathogenesis carefully I became convinced that if any remedy was capable of saving my patient it was china, and china only. China has the following :

Indifference ; apathy ; ill humor.

Dislike to all mental or physical exertion.

Slow train of ideas.

Intense throbbing headache—after loss of blood.

Sight dim and faint.

Fine ringing in ears.

Hardness of hearing ; humming in ears.

Nose-bleed ; ringing in ears ; face pale.

Face pale, hollow or livid ; blue around the eyes ; hippocratic.

Longs for sour, cooling things.

Violent thirst for cold drinks.

Sour eructations after milk.

Heartburn after milk.

Hæmatemesis ; weak, pale, cold.

Stools ; bloody, painless.

Urine ; turbid, scanty : depositing brick-dust sediment.

Uterine hæmorrhages, ringing in ears, fainting, coldness, loss of sight ; discharge of dark clots.

Menses dark, coagulated ; or pale and watery, with dark coagula.

Can not breathe with head low.

Hæmoptysis.

Fever, long-lasting, and coming on at irregular intervals.

Sweat ; partial, cold, or profuse ; greasy.

Hæmorrhages from mouth, nose, or bowels ; wants sour things.

Although the pathogenesis did not show ecchymoses on the skin, or elsewhere, and I did not at that time know of the recorded poisonings in which purpura developed (Vepau), nevertheless, I determined, in view of the origin of the pathological state of the patient, resulting as it did from overlactation following excessive parturient hæmorrhage, and the remarkable coincidence in the concomitants, to give china, and in a high potency. I gave half a dozen pellets of Carroll Dunham's 200th, about noon, to be followed by a similar dose every four hours. Very little change was noted during the first twenty-fours, except an improvement in the condition of the bowels; but on the 23d day the mental state was altered for the better in a marvelous degree, and the fever temperature was only 100° F. All her apathy was gone, and she answered promptly and pleasantly all interrogatories. She took nourishment freely, had no perspiration at night, and slept quietly and soundly.

24th day. No new ecchymoses have appeared since china was given, and many of the old ones are fading, changing to a mottled and greenish shade. She is now taking two quarts of milk daily, beside beef-extract. Bowels and kidneys acting normally. Temperature at

noon, 99.4° F. ; but she is not conscious of any fever. She is very weak, but her mind is bright, and her spirits high.

27th day. She has continued to convalesce nicely. No fever to day for the first time in two months. Appetite good and functions all normal. The ecchymoses are fading slowly.

32d day. She was up and moving about the room to-day. Has had an ounce of Speer's port wine, three times a day, with her meals, since the 29th. Is in all respects well except extremely weak. Has had no medicine since the 28th, except five drops of dialyzed iron in half an ounce of water, at bedtime.

RHUS VENENATA.

Skin.—1. There had appeared red spots, varying from a half to two inches in diameter, especially on the legs below the knee; these pained her, and underwent all the changes as if caused by a fall or blow, namely, the red changed into a bluish, then greenish-yellow color, leaving finally spots of a little darker tint than the healthy skin. [Poisoning by using a branch for a fan; Dr. OEHME, in the *New England Medical Gazette*, vol i, page 121.]

2. There appear upon the skin small ecchy-

moses ; the expectoration has a bloody tinge ; the stools rarely contain blood. [Dr. WURMB.]

3. It affects the blood and the blood-making organs similarly to the poison of typhoid, scarlet fever, and erysipelas, producing ecchymoses of the skin, etc. [Dr. W. H. BURT, *Physiological Materia Medica*, page 787.]

4. Mr. C. H. B., aged forty-one years ; perfectly healthy ; strictly temperate ; had not a day's sickness for twenty-five years. He was poisoned by handling rhus vines. Two days after handling the vine the usual vesicular rash appeared upon the skin of both hands, particularly between the fingers, confirming the usual physiological action of this drug. The third day the gums commenced bleeding, ecchymosed spots, of different sizes, appeared under the surface of the skin in the different parts of the body, particularly the legs, on the conjunctival membrane, on the vermillion border of the lips, and upon the surface of the tongue. On the seventh day hæmorrhage commenced from the bladder and continued seven days. Each passage of urine, which was free and easy, four or five each day, contained a good supply of blood. The hæmorrhage from the gums was a continuous oozing, which lasted fourteen days.

The amount of blood from the gums and bladder was very great, giving the patient a marked anæmic appearance. The pulse and temperature were not altered from the normal standard until the fourteenth day, when he passed through a critical period ; the temperature rose to 108° Fahr., pulse 140, respiration rapid, which condition broke up by passing into a gentle sweat. After this critical period, the fourteenth day, the bleeding from the gums and bladder rapidly disappeared, and he quickly regained his usual strength and vigor. During the two weeks of bleeding his appetite was good, no headache, slept well, action of the skin normal, and was even in good spirits. The treatment consisted in maintaining absolute rest in bed, a nourishing diet, and the administration, one remedy at a time, of belladonna, terebinthina, hamamelis, sulphuric acid, china, and, on the fourteenth day, the free use of the tincture of aconite. Consultations were had with Drs. C. Neidhard and M. Macfarlan, who each confirmed the diagnosis, and related similar cases from the action of rhus. [Dr. RICHARD C. ALLEN, in *Transactions of the Homœopathic Medical Society of Pennsylvania*, 1883, page 267.]

The usual eruption of rhus varies in severity

from the blush of erythema to malignant phlegmonous erysipelas.

Concomitants.—Great weakness and paralytic heaviness of the legs and feet.

Great debility, paralytic weakness and soreness, especially when at rest.

Great restlessness and uneasiness ; must constantly change position ; especially at night.

Burning and itching over the whole body.

Crawling or prickling sensation over the surface of the fingers ; especially the tips.

Tongue red, dry, and cracked ; or sore, with red tip.

Great thirst for cold milk.

Sensitiveness to the (cool) air.

Sleeplessness with restlessness.

Clinical.—The subjoined case, cured by rhus venenata, is an instructive illustration of how to find the true homœopathic remedy. It was not until pathological lore was ignored, and the prescription based solely on the symptoms of the case, that a cure was found. I reported it in the *American Homœopathist*, August, 1885 :

James S., aged 29 ; of the bilious type, lean and spare, but not emaciate ; by trade a carpenter, but at present employed on the elevated railway ; married ; had intermittent fever sev-

eral years ago, and is somewhat subject to rheumatic attacks ; applied at the Manhattan Hospital for treatment, October 10, 1879. He complained of an intense headache, describing the pain as throbbing. He felt dizzy when turning or stooping, but had no nausea. The conjunctiva was reddened and dry. The face somewhat flushed, temp. 100.2 ; pulse 78, respirations 20. The pulse was rather hard, and the heart beat with a sharp click. He was given glonoine 12, every two hours.

October 11. Headache no better. The face more deeply congested ; the conjunctiva about as yesterday, but the eyes look more staring. The brain seems to have a wavy, undulating motion whenever he stirs, but especially on stooping. He refuses to take his medicine, as he imagines it disagrees with him, and thinks he has been poisoned. Complains of pain in the left wrist and throbbing in the hand, which seemed to be synchronous with the throbbing in the head. Temp., 100.6 ; pulse, 82, and of about the same general character, respirations, 20.

A study of the pathogenesis of glonoine confirmed the impression that it was the remedy most homœopathic to the case. Glonoine has—

Throbbing ; in temples, in vertex, in occiput, in whole head.

Severe pain in the forehead, throbbing in the temples, worse from walking.

Head aches worse ; from shaking or jarring the head, stooping, bending it backwards, after lying down, when ascending steps, in damp weather, in the sun.

Vertigo worse : from stooping, or moving the head.

Fear : apprehensive of approaching death ; fears she has been poisoned.

Face flushed, hot, especially about the eyes and forehead, with headache ; livid, purple.

Eyes injected, red, protuding, wild, staring.

Pulse ; accelerated, increased during headache ; quick, small, irregular.

Weakness of wrists after headache.

Rheumatic pains in fingers of left hand.

Feels pulse in fingers.

Thus assured of the homœopathicity of the remedy, although no improvement had taken place, I resolved to continue it, in a higher potency. Gave glonoine 200, every four hours.

Oct. 12. Patient no worse ; remedy continued as before.

Oct. 13. Headache very much improved, and the face and eyes less congested ; but the rheumatoid pains in the wrist had extended to the elbow, and were much complained of. Temp., 101.5 ; pulse, 86 ; respiration, 20. Small

petechial spots, like flea-bites, were noticed on the forearm and wrist, and this led to an examination of the skin elsewhere.

The patient now mentioned, for the first time, that he had had for some days similar spots upon the legs. The legs from the knee to the ankle were covered with numerous small ecchymoses of varying size, and in some places, where several had coalesced, as large as a silver dime. The knee of the left leg was tender and stiff, and the whole leg was pervaded with a peculiar sense of weakness and numbness. The patient was very restless and apprehensive; felt drowsy, but could not sleep; the bowels, which previously had been regular, were now for three days constipated, with bitter taste, dry tongue, sore gums and inappetence.

The petechiæ, the rheumatic pains in the wrist and knee-joint, the sense of weakness and prostration, the constipated bowels, the symptoms of the buccal cavity, the continued slow fever, and the insomnia with drowsiness, seemed to point clearly to phosphorus, which was given, bi-hourly, in the 6th trituration.

Oct. 14. Most of the symptoms remain about the same, but the pulse is 92 and weak, and the temperature has risen to 102.28. The petechiæ have increased in number and size,

and have spread to the thighs and back. A slight nose-bleed occurred during the night. He feels greatly prostrated, but is restless and anxious, and his sleep after midnight was disturbed by vivid dreams, in which he thought he was climbing a great mountain, carrying a heavy load. The urine was scant and dark. Not seeing any clear indication for a change, phosphorus was continued until the 16th inst., in varying potency, third, twelfth, thirtieth, and two-hundreth ; but the patient grew slowly and manifestly worse, especially the pains and prostration.

Oct. 16. Temp., 102.4 ; pulse, 90, weak and trembling ; respiration, 20, shallow, as if unable to draw a full breath. The ecchymoses had extended over the entire body, and were accompanied by much itching. The pain in the joints very severe, making him extremely irritable and restless. During the night he had had a copious nose-bleed. The urine scanty, with coffee-ground sediment.

An error in the remedy used being now apparent led to a further study of the case. The character of the pain so closely resembled that of *rhus toxicodendron* that its pathogenesis was examined, developing the following correspondences :

Fear of death ; fears he will be poisoned

Vertigo, worse from turning or stooping, or when rising from lying.

Headache, rush of blood to the head, with throbbing ; restless ; face red.

Eyes red and inflamed.

Epistaxis of coagulated blood, worse at night.

Face fiery red ; dark-red ; with burning.

Food, especially bread, tastes bitter.

Tongue dry, red, cracked.

Hunger without appetite.

Urine diminished ; discharges a few drops of blood-red urine.

Pulse accelerated, weak, faint and soft ; trembling or imperceptible.

Tearing and burning in the shoulder and arm.

Pains felt mostly in the knee.

Swelling and stiffness of the joints.

Rheumatoid pains in the limbs, with numbness and tingling.

Great debility, soreness and stiffness.

Restlessness, must change position.

Great sleepiness, with sleeplessness until midnight.

Dreams of great exertion ; as rowing, swimming, etc,

Intolerable itching of the skin, with a red rash all over.

Rhus venenata was given, in the thirtieth potency. This was chosen in preference to rhus toxicodendron because of the profound depression of the nervous system, and for the reason that this rhus is said to exert a stronger influence upon the cuticle; but I had no expectation that it would do anything more than reduce the fever and relieve the rheumatoid pains. In this I was very happily mistaken, for while the pains and the fever abated at once, the ecchymoses also ceased to extend, began to change color like an old bruise, and disappeared within ten days. The nose-bleed did not recur after the rhus was taken, the fever was all gone by the second day, and the wrist and knee supple and free from pain by the fourth. The patient was discharged on October 26, cured.

Dr. J. L. Gage, of Vassar, Mich., reports the following case in the *American Homœopathist*, November, 1885 :

2. I remember distinctly a peculiar case I had some thirty-five years ago. Was called to see a child about a year old. One foot was swelled to the ankle and black, a purple or black spot as large as a dollar on the opposite thigh, and another on side of face. I gave rhus tox. 6; in three days it was well.

HAMAMELIS.

Skin.—1. An ulcer on inside of lower lip, which had been there for a few weeks before commencing the proving, assumed a more bloody appearance. [Dr. McGeorge ; *Transactions*, American Institute of Homœopathy, 1874; Mary McC., aged 21 ; took 200th dilution once a week.]

Hæmorrhages.—1. Nose began to bleed between 9 and 10 the next morning, and continued for an hour until I smelled camphor ; with the epistaxis was a feeling of tightness of the bridge of the nose, and considerable crowding pressure in the forehead between the eyes, with a benumbed sensation over the whole os frontis ; I was at first somewhat surprised, as in the whole course of my juvenile and adult experience, I had never before been unfortunate enough to get a bloody nose, and epistaxis is something I never knew occur in my family. [Dr. H. C. Preston; *Philadelphia Journal of Homœopathy*, vol. 1, page 460 ; from one drop doses of the third dilution.]

2. Profuse epistaxis, checked by smelling camphor ; ten hours after first dose. [*Ibid.* A young man took third dilution.]

3. Bleeding of the nose, which clears her head, and affords great relief. [Dr. McGeorge;

Transactions American Institute of Homœopathy, 1874 ; from 200th dilution.]

4. Gums bleed easily. [*Ibid.*]

5. Active uterine hæmorrhage, which alarmed her very much, but which ceased in a few hours after discontinuing the medicine. [A young lady took third dilution ; *Philadelphia Journal of Homœopathy*, vol. 1, page 460.]

6. She had been flowing considerably for twenty-four hours and had lost over a quart of blood, bright and fresh, not coagulable, unlike her usual catamenial discharge, which was dark and coagulated generally ; this happened about midway between two menstrual periods ; gave sacch. lac., and the hæmorrhage ceased in a few hours. [Mrs. W. ; proving with third dilution. *Ibid.*]

7. An alarming hæmorrhage from the lungs set in suddenly. [A man took Pond's extract for several days, for acute rheumatism. [Dr. Thomas ; *Monthly Homœopathic Review*, vol. 1, page 251.]

Concomitants.--Varicose diathesis.

Passive hæmorrhages.

Prickling and stinging in the veins, muscles and skin.

Bruised and tired feeling, all over body.

Relationship.—Pulsatilla relieved toothache, worse in warm room. In purpura.

Comments.—Hamamelis does not appear to have caused purpura. Herpetic and pimply eruptions occurred during the provings, but no petechiæ or extravasations. Its curative power in this disorder is based entirely upon its action upon the capillaries. It is an irritant to these, and has caused inflammation in them, extending up into the veins; the result of this is venous stasis, hæmorrhages, often very severe and long lasting, and structural changes. Hamamelis does not alter the condition of the blood, and if ever useful in true purpura, the symptoms will follow a very different sequence from those indicating phosphorus or crotales. When the extravasations are due to disease in the vein-walls, and especially in persons inclined to varicose, hamamelis may often prove a potent remedy.

Clinical.—The following case was reported by Dr. Geo. E. Belcher, in the *North American Journal of Homæopathy*, vol. iii, page. 463 :

1. A. R. S., a man with a hearty constitution, light but florid complexion, and dark auburn hair, after complaining some 18 or 24 hours, was taken on Friday with violent fever. I

first saw him on Sunday, and found the symptoms of a very aggravated type; pains in the back and head very severe, the face deep red, and the eyes congested. He was restless, and had scarcely slept, and was at times delirious. Gave aconite 2, belladonna 2, alternately, every two hours, in solution. On Monday his symptoms were generally worse. He had scarcely slept at all, and variolous papulæ were abundant on the whole surface of the face, body and extremities, and there was rash between the pimples resembling measles. Gave rhus 2x, tartar emetic, 1, alternately, every three hours. On Tuesday evening, about 7, I found that he had passed another restless night, but his mind was clear, except occasional short wanderings, and about noon had epistaxis, which lasted about an hour, and again about 5 o'clock P. M., which continued after my arrival until about 8 P. M. The blood was dark, discharging freely in drops, the pulse rapid, breathing hurried, lips and mouth dry, the face and body were covered (beside the papulæ, which seemed to me not to have progressed, but to have shrunken), with a dusty red erythema, with purpuric spots, varying from the size of a pin to that of a three-cent piece, here and there, but over the abdomen, which I more particularly examined, occupying one-third of the surface.

The vessels of the conjunctiva were so congested as at first sight to appear like chemosis. Gave hamamelis, 3 drops of 1st dilution in a tumbler of water, of which a tablespoonful was given every 15 minutes. In 20 minutes the hæmorrhage had ceased entirely, and returned no more. The hamamelis was then continued every hour. I found on Wednesday that he had had one dejection of a dark bloody character, but the purpura had not increased, and he had slept some. Gave rhus and hamamelis, alternately, every hour. On Wednesday night he appeared improved; the mind and general feeling were better, the rash and purpura diminished, and the variola developed confluent. By Friday the petechiæ had disappeared, and afterwards, under the use of tartar emetic, the disease ran its usual course.

Dr. Okie, of Providence, R. I., reports in the *Philadelphia Journal of Homœopathy*, vol. i, page 538:

2. A girl, aged 9, was said to be in a dying state. She was sitting upright, supported with pillows, her breath greatly oppressed. She had been ill about two years, dating her first loss of health to a cough, which was said to have resulted from swallowing a small piece of straw; since that period she had been tor-

mented with incessant cough. She bled from the lungs pints at a time. She had raised large quantities of offensive matter; at one time nearly a tumbler full. Examination elicited general anasarca, great swelling of lower extremities; the abdomen swollen from the areolar infiltrations; face much puffed, closing the eyelids; a number of spots, resembling purpura, were found upon the lower extremities; she had been troubled with profuse epistaxis. Auscultatory examination elicited the presence of a very large cavity, extending from the mammary region to near the base of the right side. The respiration in the left lung was puerile, with a mingling of rhonchi and mucous rales. The urinary secretion was almost nil, the urine itself of a deep, brandy color, depositing a heavy lateritious sediment. I feared a fatal result, and speedily. The scanty urinary secretion and pleuritic pains, the hydropic tendency, and the state of the thoracic organs led me to fear the supervention of anæmia and serous effusion into the pleural sac. Iodine was given; for about a fortnight she improved; the urine was much increased, the dropsy lessened, and the respiration easier; petechiæ did not appear; cough about as usual. At this time she was seized with hæmorrhages, etc., which hamamelis checked

promptly and there was no return. The strength, appetite and general health improved, so that she was up and about her usual avocations. She lived about 18 months, but finally died from pulmonary abscess.

Dr. John C. Morgan published the subjoined case in the *American Journal of Homoeopathic Materia Medica*, 1872, page 237.

3. A babe of nine months had capillary bronchitis severely. When convalescing, it showed purplish, evidently hæmorrhagic spots, on the face, limbs, etc. Regarding it as a capillary venous hæmorrhage, I gave four doses of hamamelis 3, in twenty-four hours; the first at 12 M., hoping to prevent the usual afternoon addition to the number of spots. Not one appeared thereafter.

The following case, reported by Dr. W. C. Doane, is from Hoyne's *Clinical Therapeutics*, vol. i, page 15:

4. There was oozing of blood from the skin, as though it was coming from a sponge, and light-colored blood was discharged from the mouth, bladder, etc. The pulse was 35. Aconite and hamamelis were given, and in about a week the patient was well.

From such a report we cannot discover why either aconite or hamamelis should have been

given, whether they cured, or whether the case simply got well. That aconite may do good in purpura is not to be denied. In the febrile form of this disorder we may, says Dr. Richard Hughes, gain a hint from the experience of the dominant school. "The late Dr. Parry, of Bath," writes Watson," was the first to point out the efficacy of abstinence, *venesection*, and purgations, in some instances, at least, of purpura. An example of this kind occurred in one of Dr. Latham's hospital patients. The whole tongue was livid, one-half of it presenting the appearance of a large, bleeding fungus, and on the inner surface of each cheek were several black, fungoid patches. The patient, also, was voiding unmixed blood from the bowels. In this case there was no evidence of the operation of any debilitating cause, and the pulse, though *frequent*, was *hard*. *Bleeding from the arm always gave relief* to his uneasy sensations; he was purged also, and put upon a low diet. Under this plan he steadily improved, and in four or five days no vestige of the complaint remained, except the fading spots."

As aconite so completely replaces phlebotomy here was its opportunity. That this is not an altogether unknown condition is further illus-

trated by the subjoined case from the *British Medical Journal*, of October 1, 1859.

Ellen O'B——, æt. 29, married, was admitted May 25th, 1859. * * * She was quite well three days before her admission, and went to bed feeling as well as usual. During the early part of the night she awoke with a painful sensation in her legs, as of needles running into them; this continuing, prevented sleep; and, on examining them in the morning, the legs were covered with blotches. She dressed, and continued at her work for some hours, by which time her knees and ankles had become red, swollen, and painful, so that she had to take to her bed. On the following day, her arms had become similarly affected. She suffered much from thirst and feverishness.

On admission, her countenance was expressive of suffering. *Pulse* 120, *full, hard, and incompressible*. The tongue was coated and cracked, but moist. The *skin, which was hot and dry*, presented, on various parts of her body (but most of all on the extremities) numerous blotches or ecchymoses, varying in size from a pin's head to that of a florin. * *

May 26th.—She did not sleep for pain, and was very restless. She had great pain in the wrists and ankles. There is a large increase in the number of spots, chiefly on the back and

nates. The dorsum of the left foot appears as if largely bruised. The tongue is foul; the pulse 120, full, and hard. There is a slight tinge of blood in the saliva, streaking it. The skin is hot and dry; there is no acid smell. The countenance is anxious.

Dr. L. Houghton Kimball, of Boston, furnishes the following case :

5. I was sent for on the morning of Tuesday, June 3, 1884, to see Miss Mabel O—, a young lady of seventeen. She had retired in her usual health the night before, but awakened to find her body and the mucous membrane of her lips and mouth covered with numerous purple spots. She was very hoarse, with a feeling of pressure across her chest. There was a dry cough from irritation in the throat, and expectoration of large quantities of blood. Put her on phosphorus 30. In the afternoon there seemed to be more hoarseness and pressure with an almost croupy cough for which a few doses of kali bichronicum were given. Soon after she commenced passing large quantities of blood in her urine for which terebinthina 3, was given every two hours.

Wednesday she continued to cough and expectorate large quantities of blood, and to pass an apparently enormous amount in her urine. Terebinthina was continued.

Thursday showed not much of any change in the symptoms, with the exception of a little less cough and more rest the night previous. Complained of pain in back and across the bowels. Terebinthina was continued.

Friday morning—Vomited considerable blood in the night, cough and expectoration of blood considerably less. The spots in mouth and on lips are healing over. Faints on sitting up. Pulse small, weak and frequent. Terebinthina continued. In the afternoon found her still passing much blood in urine, although the expectoration seemed much better. Bowels very sore and tender and distended with gas, much pain in back. Pulse 120. Gave hamamelis 3 and terebinthina 3, in alternation every hour.

Saturday morning—Slept very well, mouth looks much better, taste natural, no expectoration of blood. Bowels less tender and less tympanitic, pulse 100. Passed no urine from seven o'clock last evening till nine o'clock this morning. Then it was less in quantity and showed less blood. Hamamelis and terebinthina continued.

Sunday morning—Fainted yesterday when attempting to walk from the bed to the lounge. Slept well—pulse 100, no expectoration of

blood, a decided lack of urine in the secretions of the kidneys for the first time. Same medicines continued.

Monday morning—Slept well, pulse 84—very sleepy and weak. No blood in urine or expectoration. My patient now showed a steady improvement under the administration of china 30, and soon regained her usual health.

TEREBINTHINA.

Skin.—1. Turpentine causes an eruption of the skin similar to that of scarlatina. [J Wharton Begbie, M. D.; *Edinburg Medical Journal*, vol. 17, 1871, page 39.]

2. A scarlet eruption broke out upon the body (after five hours, second day). [Wilmer; a man took the oil for tapeworm, one ounce in two doses, within an hour, in the morning, same dose in the evening (first day), one and a half ounce in emulsion in the space of an hour (second day)].

3. On the third day after some pain during the night, the skin of the elbow was found to be spotted with circumscribed dark redness of the bend of the elbow. On the fourth day, there were dark red spots, some of which were intensely red. The appearance in general was similar to extravasation of blood. [PROF.

HOPPER; *N. Zeitung fur Hom. Kron.*, 7, 177, forming by dropping the oil on left elbow.]

4. In 1818, J. A., a young man æt. 22 years, had taken, at the recommendation of a layman, one teaspoonful of oleum terebinthinæ, for a so-called rheumatic affection of the hip, which was followed by a severe burning sensation in the epigastric region, and copious hæmaturia with considerable strangury, and small livid spots on the skin of the back and abdomen. [Quoted in the *American Homœopathist*, vol. vii, page 44; original authority not stated.

Blood.—1. Turpentine increases the coagulability of the blood, and gives rise to numerous minute hepatic and pulmonic thrombi. [LEON CRUCIS; *De la Terebinthina*, Paris, 1847.]

2. Violent nosebleed. [HARTLAND AND FRINK'S *Annals*, 3, 118.]

3. Bloody urine. [*Hufeland's Journal*, 91, 100; effects on the crew of a ship laden with Turpentine.]

4. Expectoration streaked with blood.—TROUSSEAU AND PIDOUX, vol. I, page 563; effects of one drachm.]

Concomitants.—Mind clear, then uncon-

scious, followed by inability to concentrate the mind.

Intense pressure and great fullness of the head.

Pulse weak, thready, small, compressible.

Distressing strangury with great loss of blood.

The blood is thoroughly mixed with the urine.

Urine scanty and turbid, with epithelial sediment.

Copious hæmorrhages from various organs.

The blood is dark for want of oxygen.

Tongue red, smooth, and glossy; burning like fire.

Bad effects from living in damp places.

Comments.—The relations of turpentine to purpura are not obvious from its physiological effects, and I am not sure of its homœopathic action. In the process of elimination through the skin it causes a rash, but this is scarlatinous rather than purpuric. Its powerful influence on the blood, and its ability to induce multiple hæmorrhages, may ally it to some forms of the disorder.

Clinical.—Prof. T. G. COMSTOCK, M. D., reports in the *North American Journal of Homœopathy*, 1861, page 61, the following case

1. On the 24th of November, 1860, I was called to see Frank, aged three years, son of the United States Inspector of boilers. Child seemed to be covered over a greater portion of the body with dark reddish, ecchymosed, or purplish-looking spots, which assumed the appearance of petechiæ in clusters. The peculiar petechial character of the eruption (if indeed purpura may be called an eruption) was quite an anomaly, and the case struck me at once, before I had learned its history, as being of unusual interest. The mother informed me that the peculiar spots upon the skin had been there for several days, and did not alarm her because the child was free from any fever; but for the last two or three days he had passed a little blood while urinating, and during defecation, that his nose had bled; and now blood seemed to be coming from the cavity of his ears, from his mouth, etc., and that the patient was constantly growing weaker. I examined the buccal cavity, and found its whole mucous membrane studded with spots of the purpura, which were well developed, and from which drops of blood oozed out. I regarded the case as purpura hæmorrhagica, and prescribed accordingly arsenicum 5, every two hours.

Nov. 25, 1860.—Patient to-day is worse—the hæmorrhage having increased in quantity; his

urine seems to be almost pure blood, and forms a clot which looks like the substance of an enlarged liver. In addition to the hæmorrhage from different parts of the body externally, as well as from the urethra, rectum, cavity of the ears, nose, and mouth, he actually bleeds from the eyes. Child has scarcely any fever, but his pulse is small, fine, and beats 120; his tongue looks dark—nearly black—and coated. On account of the delicate constitution of my patient, and the very grave character of the disease, in addition to the hæmorrhage from all the mucous membranes of the body, and as the quantity of blood passed when he made water, and per rectum was enormous, for he seemed literally to sweat blood; I pronounced the prognosis as almost necessarily unfavorable. In this dilemma I concluded to try *oleum terebinthinæ*, and accordingly seven drops were administered to him upon a little sugar and repeated every three hours. The symptoms remained much the same for two days after the medicine was given; the hæmorrhage was not increased, and the second day I fancied that it had decreased. The child had very little appetite, but I gave beef tea and panada with Bordeaux wine, and the same medicine was continued until the 29th, when a marked improvement was manifest, as the hæmorrhage had

almost entirely ceased. Without doubt, the oleum terebinthinæ acted as a specific in arresting the hæmorrhage. I have met with several cases of purpura simplex within the last six years, and have treated them all successfully with arsenicum and secale; I have also seen in the wards of Oppolzer in Vienna, some very interesting cases of purpura hæmorrhagica, and they always made a great sensation, and were carefully observed by a great many medical men, other than those attending regularly the clinic; but in no case that I have ever seen, where the hæmorrhage was so general as the above, terminated with a recovery.

Dr. H. Detwiler, reported the following case, in the *American Homœopathist*,, vol. VII, February, 1881, page 43.

2. A case of this disease, of a serious nature, occurred in the practice of Dr. A. Shough, in South Easton, in July last. Its history is as follows: Mrs. J. F. S., a widow, aet. 60 years, had complained for several days before the doctor was called, of lassitude, diminished appetite, and general malaise, followed by bleeding from the mouth and nostrils. The symptoms present at his first visit, were paleness of the skin; an anxious, alarmed, and confused expression of countenance; bleeding very freely

from the mouth and nose; tongue coated and covered with dark blood; phlyctenæ in the buccal cavity. Hamamelis 6th, in water, was given in teaspoonful doses, every half-hour for twelve hours, without effect. An alarming prostration of the patient, and an increase of the bleeding from the mouth and nose ensued, to which was added a discharge of dark, coagulable blood *per anum*, and hæmaturia. A consultation was proposed and the reporter of the case was sent for. Joint examination showed the pulse to be 67 to 70; skin dry, tongue thickly coated with sordes and dark blood; blood oozing from its side and under surface, as well as from the gums and the whole epithelial or mucous lining of the mouth, palate, tonsils and fauces; three isolated phlyctenæ of the size of a large lima bean, resembling thrombi, on the right, and one on the left, inside of the cheek, which were very prominent and from which dark blood oozed freely. Blood was passed *per anum* without fœcal admixture; and the urine contained black, rather ropy blood, which constituted about three-fourths of its entire quantity; ecchymotic spots or petechiæ were very numerous on the upper and lower extremities, and were increasing in number. Phosphorus was given, but without effect, as we learned on

visiting her the next morning, and all the symptoms had rather increased since our visit on the preceding evening. She now had no appetite; extreme prostration; fainting when raising the head; the pulse was unchanged. Terebinthina 6th cent., six pellets in a tumbler full of water; of which solution she was to receive a teaspoonful every half hour until visible improvement took place, then every hour or two hours. At our next visit we found the patient much better in every respect, and she made a speedy recovery. The bleeding preceded the appearance of the ecchymoses on the lower extremities. On the hands and forearms they were observed on the first visit, and continued to increase.

Prof. E. M. Hale, M. D., sends the following observation:

3. A case of purpura hæmorrhagica, in which blood appeared in the urine was cured by terebinthina l x ; five drops every two hours.

ERIGERON.

Concomitants.—Epistaxis, and other hæmorrhages.

Dysuria; urine scanty.

Comments.—Erigeron is an analogue of sulphuric acid and arnica in extravasations

blood into the tissues. Country people use the bruised plant in the treatment of contusions and bruises ; but whether it is capable of setting up a condition analogous to purpura, is as yet unproven. Like other turpentine, it profoundly affects the blood, and is well known for its anti-hæmorrhagic virtues. Its influence upon the kidney will attract attention to this remedy when those viscera are involved in the hæmorrhagic tendency.

Clinical.—The following case was furnished by Prof. J. R. KIPPAX, M. D. :

1. Woman : middle-aged ; the principal symptoms were marked debility, anorexia, headache, sudden appearance of the purpuric spots, which first came out on the lower limbs, and then extended upward over the whole body. These spots were at first of a reddish color, but they subsequently became purple, and were accompanied by hæmorrhage in considerable quantity from the bladder and uterus, often lasting as much as three weeks. This case was completely cured by erigeron 3 x.

ARNICA.

Skin.—1. Skin red, hot and œdematous. [Dr. BLACK, *British Journal of Homœopathy*, vol. ii, page 275.]

2. Erysipelatous inflammation, the left hand dark-blue. [*British Journal of Homœopathy*, vol. iii, page 254.]

Venous System.—Arnica produces stasis in the capillaries, as from a bruise.

1. Felt as if bruised, over the whole body. [*Brit. Jour. of Hom.*, vol. vii, page 391.]

2. Sensations as of being bruised. [STAPH; *Archiv.* 5, 3.]

3. Pain as from a sprain (various parts).

[HAHNEMANN; *Materia Medica.*]

4. Multiple hæmorrhages; nose, lungs, etc. [*Brit. Jour. of Hom.*, vol. vi, page 267].

5. The power of arnica to produce hæmorrhages of various kinds, and pains like those which attend bruises, is well known; but I do not remember reading or hearing of a case in which the drug has produced a black eye, or, indeed, any hæmorrhage beneath the skin. That arnica has a very distinct relation to such conditions I had no doubt, and when an opponent asked me if arnica had ever produced a bruised condition, I was content to reply with Hughes* that I was satisfied with Hahnemann's

* *Pharmacodynamics*, p. 229.

inference from his provings, that all the symptoms attending violent contusions and tearing of the fibres are analogically produced by arnica in the healthy organism. But since the first of the two cases related below came under my observation, I have had a still better answer to give. The influence of arnica on the small bloodvessels, causing them to give way, was thus not an analogical inference, but an apparent fact. As I looked upon my patient's leg, the relation of the drug to a black eye, or any other bruise, was strongly impressed on my consciousness. There was a very intense though localized condition of purpura. I append a second case, where the action of the drug did not reach the same point, for the sake of comparison. There was engorgement of the vessels, oedema, and much irritation; but though there was a considerable degree of blueness of the parts, the vessels did not give way. The patient in this case was much stronger and younger, and the drug was not used to the same extent. Both the patients were women—who are more frequently affected with purpura than men.

CASE I. Mrs. M., 60, fair, of very soft fibre, stout, delicate, nervous, sent for me on the 5th of Sept., 1882. Seventeen days before she had

slipped down stairs, several steps, bruising her left leg. There was much pain and a slight bruise appeared on the outer side of the ankle ; but the pain was the greater on the anterior part of the leg where no bruise was to be seen. The skin was not broken. She was treated at home ; arnica was applied in various dilutions of the mother tincture, and on one occasion it was applied undiluted ; these applications were rubbed on the limb, which was bandaged, oil-silk being placed over the bandage. No arnica was given internally. The pain diminished greatly, and the treatment was continued twelve days. Five days before I saw her, a bright redness began to appear on the front of the leg, without any pain, heat, or sign of inflammation. The arnica was then dispensed with ; but the next day the redness had increased, and small bladders of water began to form. With these there was some itching, but still no sign of active inflammation. By the advice of friends, bell. and rhus were given internally, and by the advice of a chemist, calendula cerate was applied. On the 5th of September, the surface of the limb, instead of being red had become black, dotted over with blisters and white mattery points. I found the patient lying on a couch, dressed, complaining of no pain, and with no constitutional disturbance. The

tongue was clean, bowels open, appetite fair (it was never good), skin cool, pulse 92. She was able to walk without pain. The leg was swollen, pitting as previous, puffy about the ankle: the left leg was normal. There were no varicose veins. The lower half of the anterior part of the right leg was colored red and black with extravasations. There were a few mattery points, the size of lentels. Much of the epidermis was raised by clear fluid, and clear fluid was oozing from parts where the epidermis was broken. The discoloration spread round the calf, covering three-quarters of the circumference of the leg, but the color was less deep, and more scattered behind than in front. There was no tenderness. I ordered absolute rest, the limb to be kept warm and dry, and gave arsenic 3 x. The oozing soon ceased, and the vesication disappeared. Then the œdema gradually subsided, and the skin became more healthy; sound skin became visible, on this part of the leg, which took on a mottled appearance. The epidermis all scaled off. The recovery was slow, and during the healing there was tenderness of the leg, and about the ankle. When she had quite recovered, there was much brown staining of the skin left behind.

The patient had had a good deal of illness in

her life, and had suffered a little from rheumatism; but her previous health did not appear to have any important bearing on the illness for which I attended her.

CASE II. A lady's maid, about 38, of strong physique, and otherwise in very good health at the time, consulted me in February, 1885, for an affection of the right foot. Three weeks before she had sprained her ankle and applied arnica lotion across the front of it. An irritable eruption appeared for which she consulted me. In front of the ankle, from malleolus to malleolus, was a bright red rash, rather rough, disappearing on pressure; no vesicles. There was much itching, burning, and when scratched, smarting. The itching came on suddenly in paroxysms, almost every two hours, and kept her awake at night. I gave her *rhus* internally and externally without effect, also *calc.*, *apis*, and *bell.* lotion. Under *sulph.* 1 and *hamam.* lotion the rash gradually subsided, but not before it had made considerable progress under previous treatment. The rash became purplish in hue, and the part affected slightly œdematous. But the vessels did not give way, as the rash always yielded to pressure. Even when it began to die away under *sulph.* and *ham.* it spread at the margins, invading the leg and the sole of the foot. But here it was less continuous, the

spots were sparse ; but they were very irritable. Finally they all disappeared within about a fortnight from the time I first saw her.

The veins of her leg were slightly varicose. There was no fever during the course of the case. [Dr. JOHN H. CLARKE ; *American Homœopathist*, October, 1885.]

Concomitants.—The bed on which he lies feels too hard ; complains constantly of it, and keeps changing from place to place, he feels so tired, sore and bruised.

Typhoidal state.

Comments.—There is nothing in the skin symptoms, except in the interesting cases of Dr. Clarke, to indicate purpura, but the great value of arnica in suggillations has led to its use empirically in this disorder, apparently with success ; several cases have been reported, but the details are not on record.

Clinical.—See several cases under sulphuric acid.

SULPHURIC ACID.

Skin.—Bluish spots on the forearm, as if ecchymosed. [HAHNEMANN, *Chronic Diseases*, vol. V. page 321.]

Concomitants.—Wants to do everything in a hurry.

Face feels as though the white of an egg had been dried on it.

Extreme weakness and exhaustion, with sensation of tremor all over the body, without trembling.

Hæmorrhages of black blood from all the outlets of the body.

Acts best on elderly people; particularly women.

Comments.—Although Allen records one hundred and fifteen cases of poisoning by sulphuric acid, very little is known of its action upon the skin. Dr. Richard Hughes seems inclined to doubt the homœopathicity of sulphuric acid in purpura, but the subjoined cases by Drs. Morgan and Hale (1 and 2) would indicate that it really possesses some power. Cases 4 and 5 may have been cured by arnica. They are given here as part of the history of the therapeutics of purpura, and not because they are peculiarly instructive. When two or three remedies are given at a time, who can tell which cured?

Clinical.—Dr. John C. Morgan contributed the following case to the *American Homœopathist*, August, 1885. □

1. Some time after publishing the case cured by hamamelis, in the *American Journal of Homœopathic Materia Medica*, 1872, a lady

brought me her son, aged about six years, a pale, badly nourished child, with numerous hæmorrhagic-looking dots over the surface of the body, etc. They disappeared within a few days, but as fast as they occurred, others showed themselves—for some time—despite treatment by medicines and improved feeding. Naturally, I expected benefit from the administration of the previously successful remedy; but it completely failed to improve the case. I then studied the whole individual, and gave lachesis, but without result. I now recalled some successes in scurvy, in my army experience in the Valley of the Mississippi, with dilute aromatic sulphuric acid; also, the well-known anti-hæmorrhagic power of sulphuric acid; and on reviewing all the symptoms, complexion and all, I fixed upon that drug. Four doses of the 1600th (Jenichen), were given within twenty-four hours, followed by *sac. lac.* No new spots appeared thereafter, and a few days later, all the old ones were gone.

Prof. E. M. Hale, M. D., furnishes the following observation:—

2. A mild case of purpura hæmorrhagica was cured by sulphuric acid, first dilution, three drops every two hours, in one week.

Dr. J. L. Gage, of Vassar, Mich., published

the following case in the *American Homoeopathist*, November, 1885:

3. A boy about fourteen years old was terribly burned on his face and neck, hands and bare feet by the explosion of a gasoline stove. He made a good recovery, but when nearly well he had blisters all over his hands, inside and out, from the size of a pea to a nickle, filled with bloody water. I let out the blood, gave sulphuric acid 3, and he soon got well.

The following case is from the pen of Dr. Hale, of Hastings, England:

4. A gentleman, æt. 49, in fair health, with the exception of dyspepsia, began to ail in the middle of March, 1855. He first had a tender and painful swelling over the tibia, with much constitutional disturbance. As that got better an itching papular eruption appeared over the surface. This also disappeared; but on May 1st bleeding of the gums, followed by epistaxis, occurred; and Dr. Hale, being summoned, found his patient covered with petechiæ. "The concomitant symptoms were of a very grave character, an anxious haggard expression of countenance, a hoarse voice, a shabby pulse, cold perspiration on forehead and extremities, and general prostration of the vital powers.
* * * The first step in the treatment was to

administer wine freely ; secondly, to give sulphuric acid 2 ; and thirdly, to allow the patient to drink freely of orange-juice and water, and to support his strength with strong cool beef-tea and jelly.

Improvement ensued, but the next day blood began to pass in the urine in large quantity. On the eighth day, however, all hæmorrhage had ceased : and the patient made a rapid convalescence. Besides the sulphuric acid, ledum 3, and arnica 3 were given.

The next case is by Mr. Williams, of Liverpool, and is so brief and instructive that I give it entire (vol. xvii, p. 288):

5. On the 19th of January, 1859, I was called to see a man of spare habit of body, æt. 50, complaining of pains in knees and elbows and wrists. Headache, shiverings, very thirsty, tongue very much coated, bowels were open. There was no swelling of the joints ; the pulse was 100, full. Ordered belladonna 2.

On the 20th, the painful joints became swollen, very much headache, pulse 130, eyes watery and lids swollen, black patches about the size of a sixpence appeared on and over eyelids and on nose, tongue was much swollen, and a great quantity of saliva flowed from mouth. The shiverings continued, urine was scanty and

high-colored. Ordered acid. sulph. 1, and arnica 1, alternately.

Next day, purple patches appeared on thighs and legs, much larger than those on face. There was a greater discharge from the mouth. The tongue was covered with a black kind of mucus. The tonsils were much swollen and ulcerated, gums exceedingly tender, and the fetor from the mouth was most offensive. Pulse 130 and weak. With difficulty he could speak, and was quite unable to swallow anything solid, even the medicine caused great pain in deglutition. During the night there was great restlessness and slight delirium. Continue the acid. sulph. and arnica. The day following the breath was so offensive that with difficulty I could stay in the room. His wife was quite unable to bear it! The other symptoms remained the same and the pulse was if anything weaker. I ordered some chloride of lime to be placed in the room, otherwise no one would enter it to attend him. I also prescribed a lotion for the mouth, containing ℥j of tr. arnica, to ʒ viij of water, to be used frequently during the day; and continued the acid. sulph. and arnica. Next day the fetor was decidedly less. No fresh patches appeared. He had rather a better night though the delirium continued; he complained of no pain anywhere,

only in swallowing. The knees and wrists were not much swollen, urine was more natural, pulse 120, weak. For three or four days no fresh symptoms arose, but the patient was evidently sinking. Beef-tea and milk were administered when he could take it ; also he got wine daily, and continued the acid. sulph. and arnica.

On the 29th the symptoms presented a more favorable character, the fetor had entirely gone from the mouth and the discharge was much less. He could swallow better, had some sleep during the night, felt stronger ; pulse 100, not so weak ; the patches began to disappear from the nose and eyes and the swelling to leave the face ; he could speak better. Next day there was a still greater improvement. He felt hungry, and had no pain on deglutition ; all the patches were nearly gone from the face ; those on the arms and legs were much less ; he continued to improve daily. The patches left the legs and thighs, except one that sloughed, which healed under cold water dressing, and on the 24th February I pronounced him well. The acid. sulph. and arnica were stopped for the last few days.

BRYONIA.

Skin.—1. Round, red spots, as large as peas and larger, in the skin of the arm, without sen-

sation ; they do not disappear by pressing upon them. [HAHNEMANN, from *Materia Medica*, symptom 411.]

Concomitants.—Exceedingly irritable ; inclined to be angry.

Very morose ; needlessly anxious.

Vivid or frightful dreams ; about business or household affairs.

Stitching or tearing pains ; in various parts of the body ; aggravated by the least motion ; the fear of pain keeps the patient from moving.

Sitting up in bed causes nausea and fainting.

Nosebleed and other hæmorrhages.

Clinical.—Dr. John L. Seward, of Orange, N. J., published the following case in the *American Homœopathist*, October, 1885.

1. This patient was an infant, at this time about ten months old, who had always been sickly. The mother's father was scrofulous and asthmatic, and all of his children were delicate. When I saw this child it was covered with hæmorrhagic patches. Its entire left side and back was one solid mass of extravasation. The right thigh looked as if the child had been thrown on the floor and kicked. I gave arsenic, phosphorus, and china, successively, but with-

out result. One day I noticed that the child appeared to feel worse on being lifted up, and acting upon this hint I gave bryonia 200. The child improved greatly in every way. The purpuric spots entirely disappeared. The child died the following summer of diarrhœa, but it at no time had a return of the purpura.

Dr. Elias C. Price, of Baltimore, writes to me as follows :

2. During the early part of the year 1874, a lady came to see me from Prince Georges County, Maryland. She was about fifty years old, perhaps more. Her mouth and gums were bleeding very profusely ; and on looking into her mouth I found a number of purple blood-blisters on the gums and buccal cavity. I gave her bryonia. In a few hours the bleeding was arrested. I think she only remained in the city about twenty-four hours ; she took bryonia home with her, and in a few days reported herself as quite well. In 1876, two years subsequent to this attack, during the Centennial exhibition, she went to Philadelphia, and in partnership with another lady opened a boarding house. I do not think it was more than six or eight months after going to Philadelphia to live, when she had another attack of purpura hæmorrhagica, of which she died.

3. I have had several mild cases since which have yielded very readily to bryonia.

CHLORAL.

Chloral affects profoundly the nutrition of the skin, and produces various forms of lesion, accompanied by fever and tenderness, and succeeded by desquamation. The chloral-rash follows by preference the course of the larger nerve-trunks, and remains latent until aroused by some stimulus to the vascular system; but then appears with an intensity and rapidity which are proportioned to the exciting current of the chloralization (SCHÜLE). Most usually the eruption is a smooth, bright scarlet erysipelas, or a dark erythematous flush; sometimes it resembles nettle-rash, and, at others, measles; and as a rule it is accompanied by severe itching. This hyperæmic condition is extraordinarily intensified immediately after the ingestion of the smallest quantity of wine, beer, or spirits (MURPHY.) The drug has not often been pushed beyond the stage of intense erythema, with multiple *ordemæ*, the minute cutaneous blood-vessels being visibly dilated; but in a few cases conditions, evidently purpuric in nature, have been noted, and the ultimate action of the drug in this direction has thus been shown.

1. The pernicious effects which chloral may, under certain conditions, exert, do not seem to be limited to vaso-motor paralysis, or a transient skin neurosis. Two cases which have occurred have seemed to demonstrate that they may also involve the constitution of the blood and the nutrition of the tissues, and may thus imperil life. In these two cases, chloral administered in the presence of organic disease of the brain, induced what can only be designated acute purpura—a condition in which, with marked constitutional disturbance, there was alteration in the capillaries of the cutaneous and mucous surfaces, with sub-cuticular hæmorrhage and ecchymoses.

M. A., female, æt. 69, who had been an inmate of this asylum for many years, and who was subject to periodical attacks of mania, occurring every six months, and ushered in by convulsions and coma, entered upon one of her wonted paroxysms on the 1st of March, 1870, and was ordered twenty grains of chloral hydrate three times a day. This produced sleep and cutaneous anæsthesia, and on the 4th of March a very unexpected result, in the form of a bright red blush, erythematous in aspect, but permanent under pressure, over the chest and shoulders. This blush, on March 6th, had pervaded the whole of the trunk and

limbs, and had become mottled with livid patches and deep red spots. The lips and buccal mucous membrane had contemporaneously become red and raw-looking, the gums spongy, and the tongue blistered and ulcerated in several parts. The breath was fœtid, the pulse 120, feeble and compressible, and the general condition that of great debility, with delirious excitement. On March 9th no material change had taken place, except that the ulceration in the mouth had become more extensive and distressing; but on the 11th the petechial eruption showed signs of vanishing over the thorax and abdomen, where it had never been so severe as on the arms and legs, and where intervals of yellowish and white skin were now visible. The arms were of a red color, speckled with shreds of white, dead epidermis, partially separated from the subjacent cutis, and the lips were covered with sordes and dried blood. On March 15th a sort of general desquamation had set in, the cutis being raised in thick, round patches, like blisters from which the serum had been absorbed, the skin beneath being of a dull purple color, and in some places yellow. After this a large bed-sore formed over the sacrum, and some superficial cracks and fissures presented themselves in the neighborhood of the joints.

Convalescence was however, steadily maintained, and the patient was soon restored to her usual health. During the progress of this case, from my narrative of which many interesting particulars have been necessarily omitted, I had an opportunity of showing it to my friend, Mr. Pridgin Teale, who, without any hint from me, at once pronounced it an example of purpura.

2. The second case to which I have referred was that of L. T., a female, aet. 46, laboring under heart disease, left hemiplegia, and dementia, with excitement; who was ordered, as a calmative, on February 24th, 1870, fifteen grains of chloral thrice daily, and who seemed to derive benefit from the prescription until March 15th, when numerous reddish-purple blotches were observed around the left elbow, which, on the following day had enlarged and united with others of a similar kind which had come out on the shoulders and forearm. On March 17th, several livid marks had broken out on the face, while the left arm had become swollen and indurated, and showed upon its red surface a mass of minute points, or stigmata, of a much deeper red, and not disappearing under pressure. On the next day, dull-purple spots and discolorations—some small, round, and circumscribed, others large and regular in shape—

where seen on the leg, abdomen and back; being restricted, in the latter situation, to a band two inches in breadth along each side of the vertebral column. Along with these petechiæ there was great prostration of strength, a tendency to somnolence, weakness and irritability of the pulse, a raw state of the lips, which were entirely denuded of epithelium, and a fissured and thickly coated tongue. On the 19th of March, the spots and discolorations had spread in every direction, and had lost their vividness of hue, having assumed a deep purple tinge. Symptoms of pulmonary congestion also appeared. Strength gradually ebbed; and after several slight attacks of syncope, death took place on the 22d of March. At the autopsy, thirty-one hours after death, the body was found covered with livid vibices and ecchymoses of various shapes and sizes, largest upon the limbs, smallest upon the abdomen. The ankles and feet were of a diffused purple color, and there was much sugillation of dependent parts. Rigor mortis was present. The outer layer of the pericardium was adherent to the heart, which weighed seventeen ounces, had thin walls, dilated cavities filled with decolorized clots, and valves incompetent, and enormously thickened and puckered. There was a sort of cartilaginous deposit on the

outside of the right auricle. The right lung was congested and œdematous ; the liver was fatty; the capsule of the kidneys were thickened and adherent, with wasting of the cortical substance. In the head a large arachnoid cyst was found, coextensive with the right hemisphere, which was flattened beneath it. It presented a reddish-green appearance, and contained several ounces bilio-sanguinous looking fluid. The whole brain weighed forty ounces ; the right half weighed eighteen ounces, the left half twenty-one and a half ounces. There were the rusty-brown traces of an old clot in the right corpus striatum. [Dr. Crichton Browne, in a paper entitled *Chloral Hydrate: its Inconveniences and Dangers*, London *Lancet*, April, 1871.]

Comments.—In case it might be said that such cases of purpura would not likely be produced in persons who had no brain affection beforehand, it is important to quote Dr. Browne's remarks on these interesting cases. He says: No question can, I conceive, arise that in the cases just described the purpuric affection was due to the use of chloral. The symptoms which they presented were of an unique kind, and almost unparalleled in asylum practice at the present day. Purpura senilis is occasionally encountered in aged insane women, affect-

ing chiefly the dorsal aspects of the hands and arms; but purpura of the type exhibited in the above cases is, as far as I know, never met with. The *modus operandi* of chloral, in inducing this type of purpura, can only be conjectured. It may have been that a blood change was the first step in leading to the lesions observed. It is not improbable, however, that some alterations or withdrawal of nervous influence, interfering with the elasticity and calibre of the vessels, may also have been concerned. Whatever the action of chloral on the blood may be, it seems scarcely of a protective or salutary kind, as the two worst instances of typhoid fever in this asylum, during last year, occurred in women who had been taking chloral for some weeks before they were struck down by that malady.’’

Dr. Dyce Brown commenting on these cases in the *Monthly Homœopathic Review*, June, 1871, says: ‘These two cases are, to homœopaths, extremely valuable, as no remedy we have has produced such unmistakable examples of purpura. The medicines, hitherto known, producing the effects most resembling purpura, are mercurius, arsenicum, and phosphorus; but the latter, as Dr. Richard Hughes observes in his *Manual of Therapeutics*, does not seem to produce purpura symp-

toms as a primary effect, but only in connection with the morbid state of the liver induced by phosphorus. Not so chloral. Its effects are, therefore, the closest *simile* possible to purpura, and point it out as likely to be of great service in the treatment of this disease.

Concomitants—There has been no clinical experience with chloral in purpura as far as I am aware; but cases with the following concomitants seem tentatively to be indicative for its use:

The mental phenomenon of delirium tremens, when not caused by alcohol.

Confusion of thought, cannot keep the mind to one idea.

Eyes bloodshot and constantly watering.

Dimness of sight; transitory blindness; diplopia; or, photophobia.

Eyelids droop.

Face haggard; or, intensely suffused with a deep redness.

Gums spongy.

Partial paralysis of the organs of deglutition and speech.

Gelatinous diarrhœic stools.

Unconscious urination.

Dyspnœa; expiration easier than inspiration.

Venous hum in the neck.

Profound cutaneous anæsthesia.

Indisposition and incapacity for muscular exertion.

Utter prostration of muscular strength.

Lower limbs very weak, with sheer inability to put one leg before the other.

Frightfully severe pains, particularly about the joints, worse in moist and cold weather; the pains very strictly resemble the analogous sufferings which are (somewhat rarely) produced by chronic alcoholism; they do not run in the course of the nerves like neuralgia, nor are they exactly in the joints, like articular rheumatism; they seem to *encircle* the limb, the finger, etc., immediately above or below a joint. [*Observation by ANSTIE; verified by G. W. W. in a case of chloral inebriism.*]

Aggravation of the symptoms from even the smallest quantity of alcoholic beverages.

I O D U M.

Skin.—1. Various species of eruptions, from simple erythema to morbus maculosus (purpura). [RILLIET; *Memoir Sur l'Iodisme*, Paris, 1860, General Effects.]

2. Ecchymosis or purpura on the lower extremities. [STILLE; *Therapeutics*, I, 731.]

Concomitants.—Emaciation.

Ravenous hunger.

Hoarseness.

Comments.—Iodine has a powerful influence upon the blood, and when its use is long-continued the blood and all the secretions become thin and watery.

KALI HYDRIODICUM.

Skin.—1. Purpura. [Dr. FLAGG, *Charleston Medical Journal*, 1848 ; Effects.]

2. Purpura, in a predisposed subject, and of course erythema and other symptoms of iodism. [TILBURY FOX; *Lancet*, 1867, vol. I, page 455 ; General Effects.]

3. I have seen it produce on three several occasions, after a fortnight's use, a genuine spotted disease on the legs of a gentleman ; in the case of a lady, I ordered it for removal of a very serious tertiary symptoms of syphilis ; it caused toward the termination of the cure a petechial eruption on the lower limbs. [RICORD, *Bulletin de Therapie*, Sept., 1843 ; Characteristic effects in Syphilitic patients.]

4. Phlegmonous swellings, as from bruises. [HOUAT ; *Pathogenesie nouvelles Donnees de Materia Medica*.]

5. Eruption on the face (after some days); subsequently all over the body; maculae first of a dark-red color came out, which gradually got darker, until the spots resembled purpura; the cuticle next became raised over some of the spots, and was filled with a fluid of a purple color, constituting large bullae an inch in diameter. [Dr. O'REILLY; *New York Medical Gazette*, quoted in *New York Journal of Medicine*, 1854, page 297.]

6. He presented a most grotesque appearance, looking more like a leopard than a man; he was mottled all over with spots; those on his face were purple, whilst those on the lower extremities were of a dark-red color; the spots on the legs came out last; there were two large bullae on the forehead, one on the lip, two under the left clavicle, two on the inside of the right thigh, one on the side of the prepuce. Mortification seized on the lip; the patient emitted a most vile smell; his mind was incoherent; and vital powers were prostrated to the lowest degree. The patient rallied, the eruption disappeared, and the patient recovered excellent health, but with the loss of the entire penis. [*Ibid*; another case]

7. N. F., age 28, Irish, entered Ward 10,

Charity Hospital, December 21, 1870. His venereal history, as given by himself was imperfect. He acknowledged having had gonorrhœa eight years ago, and again six years ago, but denied having had any sores upon the genitals, or any of the ordinary early secondary symptoms of syphilis. Last February, ecchymatous ulcerations made their appearance upon the legs, and it was for these that he sought admission to the hospital. On December 23, a mixture containing twenty grains of iodide of potassium was given him. On the evening of the following day, after having taken only three doses, the patient complained of heat, and a burning sensation in his face and hands, which were observed to be reddened, and the medicine was at once discontinued. On the next day, he had small purpuric spots thickly covering his feet and the lower portion of the legs: with this were bullæ, filled with purplish fluid, situated on the back of the neck, the face, and upon the hands. In evidence of the fact that this eruption was produced by the iodide of potassium, the patient reported that on three previous occasions he had taken iodide, and always with the same unpleasant results. Prof. B. W. McCreedy, has since told me of a similar case in his practice; and Boinet. (*Iodothérapie*, 1865, page 68), states that

Cazenave has seen "eruptions of bullæ filled with sero-sanguinolent fluid" under similar circumstances. [Prof. FREEMAN J. BUMSTEAD, M. D.; *American Journal of the Medical Sciences*, vol. lxii, 1871, page 99.]

S. Virchow has observed the iodide of potassium cause purpura hæmorrhagica, when administered to a patient with cancer.

Concomitants.—Scrofulous and syphilitic affections.

Enlarged or atrophied glands.

Œdematous infiltration of tissues.

Coryza, with pain in the frontal sinuses.

Swelling and sponginess of the gums, with ptyalism and fetor of the breath.

Comments.—The influence of the iodide of potassium upon the blood cannot be said to be definitely determined; but it is known to reduce the vital constituents of that fluid, and its power to produce petechiæ and ecchymoses is now conceded by all authorities. Iodine and the iodide of potassium are very similar in their effects upon the blood and skin; and indeed so nearly are they identical that many excellent practitioners fail to differentiate between them.

MERCURIUS.

Alley, of Dublin, has described a spotted disease of the skin, caused by the use of mercurials, consisting of purplish blotches, and resembling purpura. Dr. Richard Hughes says that mercurius unquestionably causes ecchymoses and hæmorrhage, through its action upon the blood, and in the asthenic febrile form of purpura, when the consecutive symptoms indicate that the blood is at fault, he prefers it to any other medicine. Its destructive influence upon the blood is fully recognized by all observers; its effects are thus stated by Dr. Headland: "By some inscrutable chemical power, of whose agency we know nothing, it is able to decompose the blood; by some destructive agency, it deprives it of one-third of its fibrin, one-seventh of its albumin, one third or more of its globules; and at the same time loads it with a fatty, fetid matter, the product of decomposition." In the same strain Bartholow observes: "It remains true that any considerable quantity of mercury, administered a sufficient time, will affect the quality and composition of the blood; the red globules are diminished in number; the fibrine loses its plasticity; the proportion of water is increased, and various effete materials, whose nature is unknown, accumulate." Stille re-

cites the elements of an artificial *land-scurvy* set up pathogenetically by a profuse and prolonged use of mercurials : “The muscles lose their firmness, fullness, and power : the complexion assumes a pallid or an earthy hue : the breath becomes fetid : the urine is readily decomposed ; and diarrhoea is usually present. The gums grow spongy ; the hair falls out ; dull pains in the bones and joints are felt ; oedema of the ankles, or even general dropsy, may form : hæmorrhage from the nose, bowels, kidneys, or reopened wounds, takes place ; and hectic fever, with tubercular consumption, may terminate life.” All this reads much more like scurvy than purpura, and I very much doubt if mercury ever takes high rank in the ordinary forms of this disease. In anomalous cases, however, it may prove the true *similia*, and become the only drug capable of saving the life of the patient.

Whether the subjoined case, furnished by Dr. Buchmann, of Alvensleben, proves anything as to the purpura producing power of corrosive sublimate, or whether the ecchymoses were due to iodoform, I will not venture an opinion ; but give the case a place here as an interesting study in pathognomonic effects, as reported by a capable and discriminating practitioner.

March 4, 1885. A. Fr., $4\frac{3}{4}$ years, girl, complained of pains in the left meatus and externus which increased to the 7th, and resulted in loss of consciousness. The physician called diagnosed scarlatina, and ordered wrapping the child in cold sheets. Besides

R. Acid muriat. 1:160 internally.

March 9. Ill-smelling, purulent discharge from both ears.

March 16. The abscess was opened above the left mastoid process. Deafness.

R. Solut. sublim. 5,0 in alcohol 40,0 D. S. poison, to use with 5 liters of water. One liter daily was used for injection into the opening of the abscess, and into the ears. A part of the solution went through the Eustachian tube into the throat and was swallowed. After each injection iodoform was blown in by a rubber tube, though an allopathic journal had warned against the simultaneous application of iodoform and corrosive sublimate.

March 25. R. Chinin. mur. 0,1 with one drop of acid mur. in a wafer, for the bleeding from the abscess opening, was vomited up again, and no more given.

March 26. Ecchymoses and petechiæ first on the legs, then all over the skin of the body, except in the face. Sponginess of the gums. bloody mucus in the mouth.

March 27. Blood urine. An allopathic physician, called in on the 28th, in the morning declared the case incurable, but nevertheless, ordered liq. ferr. sesquichlor; which was not given, however, as the child would not take it.

March 28. Afternoon. I was called in. The smell of iodoform, which to me is intolerable, caused me to remove the child from the sick-chamber into another room. Status præsens: frightful, pale, gray face, lusterless eyes, dyspnoea, pulse hardly perceptible and uncountable. Deafness. Sleeplessness. Stinking, black, tough mucus in the ears; black, tough mucus in the mouth; black, coagulated blood evacuated from the bladder. Oedema of the lower extremities. Skin like as if it were sown over with ecchymoses and petechiæ, except on the face. The child moves no limb, not even the eyes, and has taken no food, but water to-day. No sleep at night, and constant moaning. Gave arsenicum 30, every three hours.

March 29, A. M. The child is reported to have slept some, to have taken milk, to have less dyspnoea. From the beginning I was of the opinion that a cure might be possible only in one way, viz., if it would succeed, by the greater affinity of a high potency of similar action to the morbid cause, to drive this out, and I

thought mercurius viv. to be adequate for that purpose, but I did not have it at hand when needed. I, therefore, now sent three globules of mercurius vivus cm. Fincke, in a paper with sugar of milk, to be diluted in a cup of water, and one teaspoonful to be taken every two hours.

March 30, 2 P. M. When I called they told me that last night, at 8 o'clock, such a *strong odor of iodoform issued from the mouth, nose and ears of patient*, that the whole room was filled with it, and they had to open the windows in order to enable me to stay in the room. This odor disappeared as suddenly as it came at 5 o'clock this morning, after it had lasted all night. The child has taken more milk. Pulse 120. Dyspnœa gone. Stinking, blackish-brown secretion from the ear. No blood in the mouth. Gave nitric acid 200 (Lehrmann) every third hour.

April 1.—Mouth without blood. Urine straw-colored, perfectly transparent. Petechiæ and ecchymoses pale. The child can speak again, and looks much better. Desire for beer. Continued the nitric acid, as before.

April 3.—Profuse epistaxis. Tamponaded with cotton, moistened with liq. ferr. sesquichlor., and gave china 30, every third hour.

April 4.—Great debility; continued china as before.

April 8.—Petechiæ and ecchymoses and edema have all disappeared. Increased suppuration from the ears: ill-smelling, but not bloody. Gave one dose of silicea, in the evening.

April 12—She can stand on her feet. At noon she eat soup, for breakfast took white bread, and for supper the same with milk.

April 15.—Suppuration from the right ear only. The abcess-opening not quite cicatrized. Patient can walk again. Gave pulsatilla 6, three times a day.

April 22.—Abcess forming behind right ear; on opening it a profuse purulent discharge. Gave one dose of aurum 30, in the evening.

May 2—The discharge from the abcess behind the right ear has ceased: hearing pretty good. Otherwise perfectly well. [Translated from the *Allgemeine Hom. Zeitung*, vol. 110, page 180, by BERNHARDT FINCKE, M. D., Brooklyn, New York, and reproduced here from the *American Homœopathist*, vol. XI, page 285.]

CUPRUM ACETICUM.

Skin.—Petechial spots on neck and arms. [*Journ. de Connais.* 1843; a woman poisoned by verdigris.]

Concomitants.—Irritability with indifference; weeps much; constant restlessness, as if some misfortune was impending.

Nervous trembling, with restlessness.

Cramps in the legs and feet, with great restlessness ; extensor muscles most prominently effected.

Chilliness over the entire body ; most severe in the extremities.

Great muscular weakness.

Gums ulcerated ; mouth dry.

Thirst for cooling drinks, which relieve the gastro-intestinal symptoms.

Menses suppressed, with violent, unbearable cramps.

Dyspnœa, as from inhaling acrid vapors.

Paralysis of muscles of the back ; of the limbs ; without loss of sensibility.

Comments.—Copper produces vaso-motor paralysis, and, therefore, moves in the same plane as does the influence, whatever it may be, that causes purpura abruptly in persons apparently in the enjoyment of perfect physical health. It has, as far as I am aware, no influence upon the blood, and cannot, therefore, benefit cases that depend upon, or are complicated with, changes in that vital fluid ; but there are doubtless many cases which are purely neurotic in origin—and neuroses as a cause of skin diseases are assuming more and more importance in dermatology as the pathology of these disorders is more accurately evolved from

the obscurity which has always enveloped it--- and in such, cuprum, when indicated by the concomitant conditions, may yet achieve distinction, and prove indeed a friend in need.

Clinical. The following case, reported by Dr. Kissel, is from Hoynes's *Clinical Therapeutics*, vol. ii, page 237 :

1. A girl, seven and a half years old, blonde complexion. She had been for eight days sown "broadcast" with dark red spots, from the size of a millet-seed to a shilling. These spots occupied the upper half of the body, the chest, upper arms, face, and mucous membrane of the mouth. Otherwise her health seemed undisturbed. Urine normal. The number of spots increased: on the forehead, both eyelids, and elbows, bluish ecchymoses of the circumference and height of a half walnut arose. From one alveolar process from which the child had herself extracted an incisor tooth two days before, blood continually flowed: her cheeks and lips were pale; strength gone. Staller's acid stopped the trifling alveolar hæmorrhage, but by no means proved a true remedy for the disease. For, after eight days, a boil of the size of half a moderate apple developed itself on each shin-bone. The cuprum aceticum at once arrested the progress of the disease and cured her.

SANGUINARIA.

If there was anything in the doctrine of signatures, and who will venture to say that there is not the basis of a genuine therapeutic idea, *blood-root* should certainly be a precious remedy in purpura. In the slow evolution of therapeutic knowledge, sanguinaria has not yet achieved any special distinction in this line ; but, there are several reasons for suspecting that it will yet be acknowledged as a valuable remedy in ecchymoses, the most important of which is that, in one well-attested case, it has caused them. Beside this, sanguinaria has a well-known influence in causing paralysis of the entire vaso-motor system ; and as has been pointed out, on previous pages, vaso-motor debility is the inciting, if not the veritable, cause of some of the cases of purpura. Again, sanguinaria affects all the mucous tissues profoundly, and while a more thorough study of the drug may not show the same degree of lesion produced on the cutaneous as on mucous surfaces, yet we know that all remedies that effect one influence the other. It may, therefore, be safely stated that sanguinaria is a drug which we cannot afford to lose sight of in the discussion of the therapeutics of this disorder.

The following very instructive case was reported by Dr. William M. Decker, of Kings-

ton, New York, at the semi-annual meeting of the New York State Homœopathic Medical Society, at Ithaca, in September, 1883, and is published in volume xix of the *Transactions*, from which it is quoted :

The subject of this disease was the second child of good parentage ; a male, aged three years. Temperament, leuco-phlegmatic. Head and frame large and well-proportioned. Tissue largely adipose ; muscles flabby. Complexion blonde. Mentally bright, with a jolly, good-natured, playful disposition. The child has an asthmatic or catarrhal diathesis, and easily catches cold ; but, excepting an occasional attack of asthma, and repeated coryza and mild laryngitis, had been usually well up to the time of this sickness. His appetite was good, and he was very fond of cow's milk, upon which he mainly subsisted. He drank the milk cold ; and soon after drinking it, the surface of his body would be cool, his face, and especially his ears, pale, cold, and anæmic. This condition, and his susceptibility to catching cold, are suggestive of a lack of vital force. For a short time previous to the manifestations of the disease he drank milk from cows, which were fed cotton-seed meal for the purpose of increasing the quantity of their milk ; but this, I believe, had no influence upon the disease. Just pre-

ceding the disease he either had catarrhal laryngitis or asthma, for which an old school physician administered sanguinaria canadensis, and by mistake gave an overdose, which produced intense nausea, emesis, and considerable prostration. The following day there appeared, just under the skin, blotches of ecchymoses, first on the lower extremities and buttocks, and, a few days later, on the arms. In appearance these blotches were first a mottled scarlet; and after twenty-four hours they would become darker, then dark purple, and later green, and finally yellow—thus undergoing the same changes in color as ecchymoses from a bruise. These subcutaneous hæmorrhages became multiple. The effusions frequently coalescing; but each blotch, or collection of effusions, was usually separated from its neighboring blotch by a clear but short interval. The effusions were larger on the lower than on the upper extremities, and largest of all on the buttocks, where there were discolorations as large as the palm of a hand. As one set of blotches were disappearing, fresh ones would form, so that it was not uncommon to find effusions in all the various stages of change on the body at the same time. These hæmorrhages, however, did not come and go periodically, or with any regularity;

but when they did appear it was usually in the night, and would be first noticed the next morning. Effusions did not occur on the trunk above the waist, nor on the head, excepting a very few miliary effusions in the external ears. The effusions were, therefore, limited to the extremities, with the exception of the buttocks and ears ; and were generally larger posteriorly than anteriorly. Accompanying these ecchymoses there was intermittent fever, anorexia, partial insomnia, and anasarca confined to the extremities—more in the legs than in the arms. There was no fever in the forenoon ; and then the child was somewhat playful ; and could use his legs freely, and made no complaints. But every afternoon about 2 P. M., a slight fever would come on and disappear again before the next morning. During the fever the child was cross and fretful and desired his mother to hold him. He also complained of his legs hurting him, and would not stand on them, nor walk, unless made to do so. When forced to walk he did so with difficulty and complaining ; and his walk was stiff and clumsy. The anasarca was worse in the afternoon, as were all his symptoms, in consequence of the fever. There were no internal hæmorrhages ; and the gums were not soft and spongy, as in scurvy. His bowels were regular ; and he

had no headache, chill, or sweat. None of the purpuric blotches were elevated above the surface of the skin, and none suppurated. Afternoons, when the disease was at its worst, his flesh was sensitive to pressure.

The old-school physician, on the appearance of the purpura, administered calomel; but when I first saw the child, a few days later (and by the way, I only saw him once, and then was in the house with him for twenty-four hours), I substituted lachesis, sixth centesimal trituration, a powder every two hours. The next morning a fresh lot of effusions were visible; and his general condition was no better. I then decided that arsenicum was a more appropriate remedy, as it covered the anasarca, the fever, and general condition; and prescribed the sixth centesimal trituration, at first every hour for a short time, and then every two hours. The following day the child was very much better. The anasarca of the legs had diminished considerably, the afternoon fever did not come on until two hours later than usual, and then with less severity. Arsenicum was just the remedy; the convalescence began with its administration. The anasarca quickly disappeared; the afternoon fever was vanquished in two days, and in two days more the cure was completed. On the night of the second

day after beginning arsenicum, there appeared a slight crop of purpura ; but, with this exception, nothing marred a very speedy recovery. The whole duration of the disease was not more than two weeks ; and had arsenicum been administered at the outset instead of calomel, and afterwards lachesis, I verily believe the disease would have yielded almost immediately.

It is interesting and instructive to notice the parallel between Dr. Decker's case and the well-known symptoms of purpura rheumatica (the peliosa rheumatica of Schönlein).

Dr. Decker's Case.

Subject young, aged three years, but had suffered from no previous attack of rheumatism.

Purpuric blotches varying in size from a ten-cent piece to the palm of a hand.

The purpuric blotches occurred on the lower and upper extremities, but not on the trunk above the waist.

On first appearing the blotches were bright red (scarlet), and did not disappear under pressure ; that is they were true extravasations from the first.

Purpura Rheumatica.

Usually attacks young subject with delicate skin, who have already suffered from rheumatism.

The purpuric spots vary in size, but are mainly small and round—from pin-head size to that of a split pea.

The purpuric spots occur mainly on the legs, and about the affected joints.

The spots at first may be due to simple hyperæmia, and in that case disappear under pressure ; but even so they quickly become hæmorrhagic, and darken in color.

Dr. Decker's Case.

The extravasations occurred in the sub-cutaneous cellular tissue—rarely in the skin.

No elevations, from extravasations, above the general surface of the skin.

The ecchymoses appeared in successive crops, without regularity or periodicity.

The purpuric blotches underwent the same changes in color as a bruise.

Complained of pain in the legs only in the afternoon.

Purpura Rheumatica.

The extravasations are into the tissues of the skin, and except in very grave cases do not, to any considerable extent involve sub-cutaneous tissue.

When the patches are large and discreet they are often perceptibly elevated; apparently from local œdema of the cutaneous, and perhaps likewise of the sub-cutaneous tissues.

The purpuric spots frequently alternate with attacks of rheumatoid pain in the joints, as one becomes more pronounced the other lessens, or disappears. This alternation may go on for weeks.

The striking resemblance of the ecchymoses of traumatism and of purpura, has been dwelt upon by numberless observers; but the purpuric spot is apt to ripen and fade at a quicker rate than an ordinary bruise.

Pain in the legs, more particularly in the neighbor-

*Dr. Decker's Case.**Purpura Rheumatica.*

hood of the joints, is often the preliminary of an attack of the rheumatic form of purpura.

Legs swollen and slightly cedematous—no pitting on pressure.

Legs swollen and cedematous.

Fever intermittent, and came on about 2 P. M.

Fever generally accompanies the attack.

The disease did not last but about two weeks. It, however, gave every evidence of persistence, and if it had not been brought to an end by the administration of the appropriate remedy, would probably dragged along for a considerable period before the toxic influence of the sanguinaria was completely exhausted.

The disease usually lasts several weeks, with repeated relapses.

The question naturally arises, was the appearance of the ecchymoses, within twenty-four hours after an overdose of sanguinaria, a pathogenetic effect of that drug, or a mere coincidence? Dr. Decker is of the opinion that sanguinaria induced the disease, and I think the inference is well taken. The following correspondences are worth noting.

Dr. Decker's Case.

Afternoon fever about 2 P. M., daily.

Rheumatoid pains in the legs which came on every afternoon and disappeared before the next morning—worse in the evening and at night.

Sanguinaria Pathogenesis.

Afternoon fever, with circumscribed red cheeks. Fever 2 to 3 P. M., daily.—HERING.

Febrile condition came on at 2:30 P. M., not as severe as the day previous, and passed off between 8 and 9 P. M. (fourth day); the fever recurred four or five days, gradually subsiding, yet very regularly between 2 and 3 P. M. [Dr. TINKER, *Trans. Amer. Inst. of Hom.*, 1870; proving, with tincture of dried root, 10 drops first and second days.]

In the evening the leg and foot swelled, with terrible burning pain; she did not know where to lay the limb; the pain lasted until midnight; she had to nurse the limb continually; after midnight the pain became easier, but continued until the next day [Compilation by Dr. A. K. Hills, *North Amer. Jour. of Hom.*, N. S., 3, 359. Arranged by Dr. B. FINCKE].

Most of the symptoms seem to be aggravated in the evening. [C. HERING,

Dr. Decker's Case.

On walking in the afternoon all the joints seemed to be stiff. Both legs swollen, and slight anasarca, most marked at night. Complaining of pain in the legs.

Muscles apparently lame in the afternoon, and sensitive to moderate pressure.

Sanguinaria Pathogenesis.

New Archiv. fur Hom., 2, 2, 114].

Rheumatic pain in left, also inside of right thigh. Bruise-like pain in thigh. Wandering pains worse at night [*Ibid.*]

Stiffness and tension in the hollows and sides of the knees. [Dr. HUSEMAN, proving with sixth dilution].

Extremely weak in the knees and lower extremities in the evening. Bruised pain in the left hip-joint, when walking. Stiffness in the limbs. Pain in the left foot. Burning in the soles of the feet, worse at night. [Dr. BUTE, effects of first dilution].

Severe rheumatic pain in lower extremities, so severe as to cause serious lameness in walking. [Dr. TINKER, *loc. cit.*]

Left leg and foot swell, at 4 P. M. [Dr. A. K. HILLS, *loc. cit.*]

Stiffness of the nape of the neck. Rheumatic pains in the nape of the neck, shoul-

Dr. Decker's Case.

Sanguinaria Pathogenesisy.

ders and arms when touched.
[Dr. BUTE; effects of first dilution.]

Restless and wakeful.

Restless tossing all night, with troublesome dreams.
[Dr. TINKER, *loc. cit.*]

Passed a very restless night till toward morning perspiration broke forth freely, when most of the severe pains abated. [*Ibid.*]

Little sleep, many busy unpleasant dreams. [Dr. B. FINCKE, *loc. cit.*]

Loss of appetite.

Almost a total loss of appetite. No desire for food.
[Dr. TINKER, *loc. cit.*]

Longing for indefinite things with loss of appetite. Loss of appetite with uncertain cravings. [Dr. BUTE, *loc. cit.*]

Loss of appetite. [Case of poisoning; *Amer. Jour. of Med. Sciences*, 1841, 2, 506.]

Numerous hæmorrhagic effusions just under the skin, and in the cellular tissue, of various sizes, the most of them as large as a fifty cent piece, and some of them as large as the palm of the hand. They came in successive crops on the legs, buttocks and arms, and always in the night.

Although the pathogenesisy of sanguinaria shows, as far as I am aware, no other case, beyond Dr. Decker's, of purpura, yet in the judgment of many excellent practitioners it has a positive action upon the blood and blood-vessels. The Eclectic physicians rely upon it in the treatment of hæmor-

Sanguinaria Pathogenesis.

rhages, particularly epistaxis, menorrhagia, and hæmoptysis. E. M. Hale suggests it in sanguinous apoplexia, and when the gums are spongy and bleeding; while Burt asserts its curative power in hæmorrhoids. It certainly has a very important and characteristic action upon the pulse-rate and tension as is shown in the experiments of Tully, Downey, Bird, and others.

Clinical.—The following case has been only quite recently under observation, and amply illustrates the power of sanguinaria in the cases for which it is adapted:

Mrs. E. F. H., a widow, aged sixty-three, a former patient of my father's, but whom I had not seen for some years, applied for treatment on July 17th of this year, for a peculiar form of rheumatoid pain in the hands and forearm. She had been a rheumatic subject for a score or more of years, but the pains had formerly been in the shoulders and in the neighborhood of other large joints. She had, at this time, no pain above the elbow, the rheumatism having confined itself to the parts below that

point, and to the feet, for about eight or nine months; but the right shoulder was permanently crippled by the former attacks, and so stiffened that she could not bring the hand on that side to her head, and all backward movement was greatly abridged. Digestion was, and had been for years, enfeebled; still she could with care prevent any serious attack of dyspepsia. The bowels were, naturally enough, torpid; but she had two or three fairly good stools each week, unless she permitted her stomach to be overloaded with food difficult (for her) of digestion; which indiscretion was usually followed by a sharp attack of diarrhœa. For some time the pains in the hands had been growing more and more severe, until at last, after having passed a restless and distressed night, she applied for relief very early in the morning of the day already mentioned. Seven of the joints of the right hand, and three on the left, were swollen, hot and painful. She described the sensation, "As if they were on fire." The actual local temperature was not much increased, as far as I could judge by contact, and the bodily temperature was even slightly sub-normal, but the subjective sensation was one of violent heat in the painful parts. With this was a tired feeling, and a sense of weakness, which may have been

mainly due to the loss of sleep. There was a noticeable exacerbation of the pain about sundown, which continued until midforenoon, when there would be considerable relief until again in the afternoon. A study of the stomach symptoms showed a rather indifferent appetite, though a sufficiency of food was ingested. An excess of fatty or richly nitrogenous foods caused burning pains in the stomach, slight nausea, never going on to vomiting, regurgitations and eructations; this being followed, as I have already said, by papescent or liquid stools. She was naturally of a very bright and sunny disposition, but it seemed to me, from the remarks she let fall about her surroundings, the people she lived with, and other matters, that she was in a rather querulous mood. The whole case reminded me so forcibly of sanguinaria, that I decided to give that remedy in the sixth decimal trituration. Sanguinaria has the following symptoms:

Very irritable and morose, and impatient at the least trifle.

Irritability; she could break things to pieces without any cause.

Appetite much impaired.

Loss of appetite, with uncertain cravings.

Aversion to butter.

Violent, though transient, gastrodynia.

Spasmodic eructations ; frequent eructations of a bad odor ; eructations of wind from the stomach.

Regurgitation and disposition to vomit.

Bitter vomiting ; it sometimes occasions vomiting, but more especially burning at the stomach.

Slight nausea, with a burning at the stomach.

Disagreeable sensation at the stomach ; sensation as of indigestion ; heavy, dull sensation, with qualmishness, eructations, and very disagreeable feelings in the stomach.

Burning sensation in the stomach.

Stools soft (first days) ; hard (latter days).

Five natural evacuations in one day.

Rheumatic pain in the right shoulder.

Violent pain in the shoulder joint.

Rheumatic pain in the right forearm.

Redness of the hands with violent burning.

Violent pain in the right hand close to the index finger.

Ulcerative pain in the right thumb, afterwards in the left, then extending to all the fingers, one after another.

Cutting pain in the joints of the finger.

Burning pains in the feet, worse at night.

Sensation of weariness and lassitude throughout the system.

Great weakness ; very great prostration of strength.

Most of the conditions aggravated in the evening or at night.

As I was preparing the medicine we conversed on various topics, in the midst of which she incidentally called my attention to a peculiar condition of her skin. About the wrist, and extending upward to the elbow, in the region of the clavicle, upon the thighs, and on the dorsum of the feet and balls of the toes, were little round, and roundish, purpuric spots, varying in diameter from the sixteenth to half an inch, but mostly quite small. They were painless, were unaffected by pressure, each lasted several days, gradually fading like a bruise, and were most profuse on the right side of the body, and on the posterior portion of the limb. This had been going on for several years, now better, now worse, but never quite disappearing, and on the whole being more definitely pronounced, and larger in size, season by season. There was no history of hæmorrhages.

I remembered Dr. Decker's case, as it very much interested me at the time it was read, at the Ithaca meeting, and wondered whether sanguinaria would show any effect here, but as I did not know of the purpuric spots at the time of deciding upon the remedy, these had no influence in the selection on sanguinaria. I

saw nothing further of this patient for five or six weeks, when she called to report that the medicine had helped her very much, and to say that she had had during the past month less rheumatism than for any like period for years. The purpuric spots had completely vanished, and have not up to this date (four months) returned. She has now only transient rheumatic pains, rarely severe enough to cause actual suffering, but the affected joints remained enlarged and stiff. She still takes a dose of sanguinaria whenever she has a paroxysm, and it seems to quickly lull the pain; she has taken no other remedy whatever since the middle of July last.

HYDROCYANIC ACID.

Prussic acid disorganizes the blood, rendering it bluish-black and noncoagulable. From its fugaciousness it does not seem probable that its influence is permanent enough to produce purpura, and it is introduced here merely on account of its apparent usefulness in the subjoined case.

Clinical.—Prof. Reuben Ludlam, M. D., published the following case of purpura hæmorrhagica at the climateric, in the *Chicago Clinique*, January 15, 1885. (Volume VI, page 31). A number of remedies had been used, but the patient finally recovered under hydrocyanic acid.

1. Mrs. B., aged forty-eight years, has been married thirty-one years. She has had five children and three miscarriages, the last being a miscarriage at four months, which occurred about seven years ago. The menses appeared soon after her twelfth birthday, at which time she contracted a severe cold by washing her underclothing and putting it on again while it was still wet. Her menstrual history from that time is one of great irregularity, the menses usually being too frequent, too profuse and lasting for a long time. Sometimes, however, six weeks would pass without their appearance, but the flow was always profuse and long-lasting. The menses were usually preceded by an intense headache, with a flushed face and intolerance of light or sound. Epistaxis was frequent, and it often occurred several times a day.

Four years since she was treated for some displacement of the uterus, and wore pessaries of various sizes, shapes and material. These manipulations and instruments produced intense pain and inflammation, which finally resulted in a pelvic abscess. For the last two years her menses have been absent at times for three months; then again there would be an interval of two to six weeks. They were always profuse, continuing from ten to fourteen days. In the

latter part of October, 1884, she observed numerous dark purple spots on the lower extremities. Their appearance was preceded by aching and weariness of the limbs, with profuse menorrhagia and frequent hæmorrhage from the nose.

The night of November 4 she was attacked with vomiting and diarrhœa, the stools and ejecta consisting mostly of blood. The physician who was called prescribed the inevitable Ergot, gave a guarded prognosis, and was altogether so indifferent that they for the first time resolved to try homœopathy, and November 8 I was called to attend her. I found her frightened, anxious, with a weak, almost imperceptible pulse, the lower extremities cold and œdematous, and covered with a purplish eruption to the hips, the spots varying in size from that of a pin head to a ten-cent piece, and they would not disappear from pressure. There was constant nausea and occasional vomiting. The conjunctiva was injected, but no hæmorrhage had appeared from the eyelids, the ears or the mouth. There was no fever present, and the general health seemed unaffected, with the exception of the extreme weakness and tendency to faint.

These symptoms were relieved by appropriate remedies. The eruption still at times makes

its appearance, and is at first of a bluish-purple, changing successively to greenish, blue-brown and yellow. The hemorrhages have not been repeated since she came under my care, although the menses appeared after being delayed two weeks. Previous to the petechia making its fresh appearance there will be fugitive rheumatic pains in the limbs, then in the back and chest or head. When the head was affected the pain was agonizing, compelling screams from the patient, and was accompanied with a cold perspiration upon face and hands, and a sensation of coldness in head. For this condition *veratrum alb.* did good service. The next morning the petechial spots covered the scalp. When first called *ipæcac.* was indicated and given; but *lachesis* 6 and 30, *phosphorus* 3, *ledum* 3, *arnica* 3, and *arsenicum* have been the remedies prescribed as the symptoms called for them.

Mental and physical rest was strictly enjoined. Tea, coffee, and stimulating food or drinks were rigidly prohibited, and all food and drink were taken cold, and as little of the latter as was practicable. Lemonade was allowed in moderate quantities. She had always been accustomed to a stimulating diet, with an occasional glass of wine or beer, which was of course denied her.

This case, which I am privileged to show you

through the kindness of our friend, Dr. C. T. Canfield, is a rare and a very interesting one. Its whole clinical history, the epistaxis, the irregular and copious menstruation, the cerebral congestion in advance of the monthly cycle, and the appearance of the peculiar spots which you have seen upon the legs of this patient, are so many points for study. The derangement of the menses through chill from wearing wet clothing at their first appearance was a mischievous factor of the subsequent ill-health; and the approach of the climateric undoubtedly has to do with the development of purpura at this time of life.

The treatment that she has received from Dr. C. was skillful and appropriate. Under it her last two periods have been only six weeks apart, and the flow has continued but four days instead of ten. Her general condition and spirits are greatly improved. The case has been well managed and the only suggestion that I have to offer is to put her upon a medium attenuation of hydrocyanic acid, which I have found to be a very useful remedy in other forms of purpura hemorrhagica. The patient was given hydrocyanic acid 6 and 30 in alternation, and recovered rapidly.

LEDUM.

Skin.—Bluish spots, like petechiæ, over the

whole body. [HAHNEMANN; *Materia Medica Pura*. Vol. iii, page 20.]

Concomitants.—The limbs and whole body are painful, as if bruised and beaten.

The eruption burns and stings like insect-bites.

Sensation of coldness, all over.

Comments.—Hahnemann, as early as 1796, in Hufeland's *Journal*, called attention to the value of ledum in cutaneous diseases; and Teste, in his *Materia Medica*, affirms the value of ledum in insect-bites, which are a sort of traumatic petechiæ. Ledum will probably never achieve a considerable reputation in the cure of purpura; but in the gouty diathesis, and in that form of purpura which has been denominated *peliosis rheumatica*, it may prove of real service. In the subjoined case the appearance and location of the purpuric spots are such as we might reasonably expect in the ledum case, but the profuse nose-bleed is not a characteristic symptom of this remedy.

Clinical.—The following is reported to me by Prof. J. R. Kippax, M. D., of Chicago:

1. The purpuric spots were small, and appeared mostly on the lower extremities near the joints. The patient suffered from profuse and long lasting epistaxis. Cured promptly by ledum 6x.

BERBERIS VULGARIS.

Skin.—Two small red spots on each side of the forehead. On the forepart of the left shoulder three small, mottled, dusky-red spots. On the forepart of the right shoulder, two dusky-red mottled spots nearly confluent, one about a quarter of an inch, the other about five-fourths of an inch long, somewhat painful upon grasping it, as after a bruise of the skin. A pale dusky-red mottled spot as large as a half-dollar near the external condyle of the left humerus, at times burning and itching as if congested, in the middle of an elevated nettle-rash-like welt. Small dusky-red, petechial-like, at times slightly itching or burning spots on the forearm, also at times on the back of the hand, chiefly near the wrist and a few inches from it. [HESSE: *Journal für Hom. Arzneien*, 1, 1834; effects on five persons, of an infusion of the root.]

Concomitants.—Bruised pain, with stiffness, lameness, and numbness in the lumbar and sacral regions; worse while sitting or lying.

Dryness of the mucous membranes.

Comments.—Berberis cause engorgement of the venous capillaries, and may in this way sometimes be responsible for interstitial effusions; but it is doubtful whether it ever proves

of much service in the cure of purpura, except perhaps in those rare cases in which this is consecutive to kidney disease.

FERRUM PHOSPHORICUM.

The phosphate of iron is such a capable remedy, in debilitated states of the system, that it ought to make a place for itself in the treatment of purpura. This it will probably do, but as yet its influence in this disorder remains undefined.

Clinical.—The following case was reported to me by Prof. J. R. Kippax, M. D., of Chicago :

1. This little child suffered for several days from loss of appetite, with great lassitude and general uneasiness. Suddenly petechial spots appeared in great numbers on the limbs and extended to the trunk and arms. Subsequently there was passive hamorrhages from the mouth and bowels, large quantities of black blood being passed. Hamamelis 3 x afforded some relief. The case was afterwards cured under ferrum phos. 6 x.

LYCOPodium.

Sluggishness of the peripheral circulation, and various forms of skin disorder, are characteristic of lycopodium ; but “ spots like flea-bites,” on the lower extremities, and “ large

red spots on the legs, which neither pain nor itch," are the only evidence in its pathogenesis of its petechiæ-producing power.

Clinical.—The following case, by Dr. Jno. C. Morgan, is from Hoyne's *Clinical Therapeutics*, vol. i, page 275.

1. C., aged ten, has been troubled for four months with cracked skin, especially on the feet, with purpura over the whole cutaneous surface; unaffected by bathing. Family scrofulous. One dose of lycopodium 200 cured.

In addition to the above the following remedies have been suggested by various authorities :

Apis, Belladonna, Bovista, Coccionella, Hyosciamus, Kali chloricum, Magnesium mur., Magnesium sulph., Nitric Acid, Nux Vomica, Phosphoric Acid, Ruta, Silicea, Stramonium and Sulphur.

REPERTORY.

SKIN.

Anæsthesia, profound cutaneous : *Chloral*.

Black, mottled, like a snake : *Crotalus*.

Blisters, blood : *Arsenicum*, *Lachesis*, *Lycopodium*, *Phosphorus*,
Secale.

— — black : *Lachesis*

— — blue : *Lachesis*.

— — brown : *Lycopodium*, *Phosphorus*.

— gangrenous : *Secale*.

Blood oozing from skin : *Crotalus*, *Lachesis*.

— boils : *Arnica*, *Lachesis*, *Ledum*, *Lycopodium*, *Phosphorus*,
Secale.

Bloodvessels, small, look like the foliage on the branches of
a tree : *Crotalus*.

— — much dilated : *Chloral*.

Blotches (ecchymoses) of varying size, from ten-cent piece to
palm : *Sanguinaria*.

Bruises very easily : *Lachesis*, *Phosphorus*.

Bullæ, with, containing purple fluid : *Kali-hydriodicum*.

Burning sensation in the skin : *Arsenicum*, *Lachesis*, *Lycopo-*
dium, *Phosphorus*, *Rhus*.

— — at night : *Arsenicum*.

— — in spots where ecchymoses are about to occur : *Lachesis*.

Clammy skin : *Lachesis*, *Secale*.

Coldness of the surface of the body, with : *Crotalus*, *Lachesis*,
Secale.

— and moist : *Lachesis*.

— — dry : *Crotalus*.

Creeping under skin, sensation of something : *Secale*.

Dry and cold skin : *Crotalus*.

Hyperæsthesia in the patches : *Phosphorus*.

Insensibility of skin : *Crotalus*.

Itching : *Berberis*, *Bryonia*, *China*, *Chloral*, *Lachesis*, *Ledum*, *Lycopodium*, *Mercurius*, *Phosphorus*, *Rhus*, *Sulphuric-acid*.

— intolerable : *Mercurius*, *Rhus*.

— over whole body : *Rhus*.

— spots in, where ecchymoses are about to occur : *Lachesis*.

Jaundice, with : *China*.

Patches, livid : *Phosphorus*.

Leadен appearance of skin : *Crotalus*.

Mottled all over like a leopard : *Kali-hydriodicum*.

Oedema with redness and heat : *Arnica*.

Oozing of blood from the pores of the skin : *Crotalus*, *Lachesis*.

Paleness, remarkable, of skin : *Phosphorus*.

Pallid skin : *Crotalus*.

Parchment-like skin : *Crotalus*.

Pressure causes black and blue mark, which spreads indefinitely : *Lachesis*.

— slight, leaves marks of fingers : *Phosphorus*.

Prickling in the skin : *Berberis*, *Hamamelis*, *Lycopodium*.

— subcutaneous : *Hamamelis*.

— — in the veins : *Hamamelis*.

Rash follows the course of the large nerve trunks : *Chloral*.

Specks like pin-heads, red, on hands : *Phosphorus*.

Plotches, irregular : *Lachesis*.

Spots, purpuric : *Arsenicum*, *Berberis*, *Bryonia*, *Crotalus*, *Lachesis*, *Ledum*, *Lycopodium*, *Phosphorus*, *Sanguinaria*, *Terebinthina*.

— black : *Arsenicum*, *Crotalus*, *Lachesis*, *Rhus*.

— blue : *Arsenicum*, *Bryonia*, *Crotalus*, *Lachesis*, *Ledum*, *Sanguinaria*, *Sulphuric-acid*.

— — on abdomen : *Arsenicum*.

— bluish-black : *Lachesis*.

— — red : *Lachesis*, *Phosphorus*.

— burning : *Arsenicum*, *Berberis*, *Lachesis*, *Ledum*, *Mercurius*, *Rhus*, *Sulphuric-acid*.

— circular : *Lachesis*.

Spots circumscribed, sharply : *Arsenicum*.

— dark colored : *Crotalus*, *Phosphorus*.

— — purple : *Crotalus*.

— — red : *Terebinthina*.

— dusky-red : *Berberis*, *Terebinthina*.

— extend indefinitely, inclined to : *Phosphorus*.

— flea-bites, like : *Arsenicum*, *Lycopodium*, *Secale*.

— gangrenous, inclined to become : *Lachesis*, *Secale*.

— insect bites, burning and sting like : *Ledum*.

— intense red : *Terebinthina*.

— itching : *Berberis*, *Iodum*, *Lachesis*, *Ledum*, *Lycopodium*,
Mercurius, *Sulphuric-acid*.

— irregular-shaped : *Lachesis*

— large : *Crotalus*, *Lachesis*, *Lycopodium*, *Phosphorus*.

— as the hand : *Lachesis*.

— livid : *Crotalus*, *Lachesis*, *Phosphorus*.

— marbled : *Berberis*.

— painless : *Ledum*.

— pin-head like : *Phosphorus*.

— — on the hands : *Phosphorus*.

— purple : *Arsenicum*, *Lachesis*.

— — on chest : *Arsenicum*.

— — — neck : *Arsenicum*.

— red : *Arsenicum*, *Berberis*, *Bryonia*, *Crotalus*, *Iodum*, *Lachesis*,
Lycopodium, *Mercurius*, *Phosphorus*, *Sulphuric-acid*.

— — — neither pain nor itch : *Lycopodium*.

— round : *Bryonia*, *Mercurius*.

— scarlet : *Arsenicum*, *Bryonia*, *Lachesis*, *Mercurius*, *Phosphorus*,
Terebinthina.

— small : *Bryonia*, *Lachesis*, *Lycopodium*, *Mercurius*, *Sulphuric-acid*.

— — near joints : *Ledum*.

— stinging : *Ledum*, *Lachesis*, *Mercurius*.

— violet : *Phosphorus*.

— yellow : *Crotalus*.

— and **Stripes**, : *Phosphorus*.

Spotted like a snake : *Crotalus*.

Stinging sensation in the skin : *Bryonia, Hamamelis, Rhus.*

— subcutaneous : *Hamamelis.*

— — in the veins : *Hamamelis.*

Stripes (vibices) : *Phosphorus.*

Sweat, bloody : *Crotalus, Lachesis, Lycopodium.*

— cold : *Arsenicum, China, Mercurius, Secale, Sulphuric-acid.*

— covered, when : *China.*

— debilitating : *China, Mercurius.*

— greasy : *Bryonia, China, Mercurius.*

— nightly : *China, Mercurius, Phosphoric-acid.*

— partial : *China, Phosphorus.*

— — side on which he lies : *China.*

— profuse : *China.*

— sleep, during : *China.*

— wine, like putrescent : *Lachesis.*

Tenderness of the skin : *Chloral.*

Varicose veins, with : *Hamamelis.*

Yellowness of skin : *Phosphorus.*

BLOOD.

Acrid : *Rhus, Sulphuric-acid.*

Black : *China, Lachesis.*

Bluish-black : *Hydrocyanic-acid.*

Bright : *Arnica, Ledum, Mercurius, Phosphorus, Rhus.*

Brown : *Bryonia, Rhus.*

Coagulated : *Arnica, China, Mercurius, Phosphorus, Rhus, Secale, Terebinthina.*

Dark : *Crotalus, Hamamelis, Nux vomica, Phosphorus, Terebinthina.*

Dark-red : *Lachesis.*

Fluid : *Crotalus.*

Non-coagulable : *Crotalus, Hydrocyanic-acid, Lachesis, Phosphorus.*

Offensive : *Bryonia.*

Thin : *Iodum.*

Watery : *Iodum, Lycopodium.*

Diseased vein-walls : *Hamamelis*.

Inflammation of veins : *Hamamelis*.

Peripheral circulation sluggish : *Lycopodium*.

Venous capillaries engorged : *Berberis*.

— stasis : *Hamamelis*.

Extravasation of blood from all the tissues : *Phosphorus*.

Hæmorrhages : *Arnica*, *Arsenicum*, *China*, *Crotalus*, *Ferrum-phosphoricum*, *Hamamelis*, *Iodum*, *Lachesis*, *Phosphorus*, *Ledum*, *Lycopodium*, *Mercurius*, *Rhus*, *Secale*, *Sulphuric-acid*, *Terebinthina*.

— black : *China*, *Mercurius*, *Nux vomica*, *Sulphuric-acid*.

— bright : *Arnica*, *Ledum*, *Phosphorus*.

— brown : *Bryonia*, *Rhus*.

— dark red : *Lachesis*, *Nux vomica*.

— offensive : *Bryonia*.

— thick : *Arnica*.

— pale : *Lycopodium*.

— passive : *Hamamelis*, *Ferrum-phosphoricum*.

— every orifice, from, of the body : *Crotalus*, *Sulphuric-acid*.

— — more pronounced than the skin symptoms : *Phosphorus*.

— multiple ; nose, lungs, etc. : *Arnica*.

— vicarious : *Phosphorus*.

— bowels, from : *China*, *Secale*.

— kidneys : *Secale*, *Terebinthina*.

— lungs : *Arnica*, *Hamamelis*.

— mouth : *China*, *Terebinthina*.

— nose : *Arnica*, *China*.

— uterus : *Hamamelis*, *Secale*, *Terebinthina*.

— — bright and fresh blood : *Hamamelis*.

— — midway between the menses : *Hamamelis*.

Secretions, all, bloody : *Phosphorus*.

Wounds, slight, bleed easily : *Phosphorus*.

— pin-scratch bleeds for hours : *Phosphorus*.

— slight pinching of skin causes bleeding : *Lachesis*.

— scratching the skin causes bleeding : *Lachesis*.

GENERAL CONDITIONS.

Asthenia : *Mercury*.

Benumbed, all the senses : *Secale*.

Bruised, as if : *Arnica, China, Crotalus, Hamamelis, Ledum*.

— body sore all over ; *Arnica, China, Crotalus, Hamamelis, Ledum*.

— keeps changing from place to place, he feels so tired, sore and bruised : *Arnica*.

Burning pains everywhere : *Arsenicum, Phosphorus, Rhus*.

— increased by friction : *Berberis*.

— interior parts : *Bryonia, Mercurius, Phosphorus, Rhus, Secale*.

Coldness all over : *Arsenicum, Cuprum, Ledum*.

— of affected parts : *Mercurius, Rhus, Secale*.

Contact and motion aggravate his physical suffering : *China*.

Debility : *China, Crotalus, Ferrum-phosphoricum, Rhus, Secale*.

— following the loss of blood, or other fluids : *China*.

— rapid sinking of strength : *Secale*.

— soreness and stiffness, especially when at rest : *Rhus*.

— with paralytic weakness : *Rhus*.

Emaciation : *Arsenicum, China, Ferrum, Iodum, Lycopodium, Secale*.

— of affected parts : *Ledum*.

— with good appetite : *Iodum*.

Exertion, dislike for : *China*.

— easily tired by slight : *Crotalus*.

— indisposition and incapacity for : *Chloral*.

Exhaustion : *Lachesis, Sulphuric-acid*.

— with sense of tremor all over the body without trembling : *Sulphuric-acid*.

Faintness : *Crotalus*.

Gangrene : *Lachesis, Secale*.

— of viscera : *Lachesis*.

Glands, enlarged or atrophied : *Iodum, Kali hydriodicum*.

— pain in : *Arnica, Lycopodium, Mercurius, Phosphorus*.

— — burning : *Arsenicum, Phosphorus*.

Heat, aversion to : *Secale*.

— applied to any part of the body makes the patient worse :
Secale.

Heated, aggravation from getting : *Bryonia*.

Intermitting or periodical symptoms : *China*.

Jaundice : *China, Lachesis, Mercurius, Rhus, Secale, Sulphuric-acid*.

Lassitude : *China, Ferrum-phosphoricum, Lachesis, Sanguinaria*.

— with sensation of weariness : *Sanguinaria*.

Maliguancy, peculiar, of attack : *Crotalus, Lachesis, Phosphorus*.

Melanosis : *Lachesis*.

Motion and contact aggravate sufferings : *China*.

— fear of pain keeps him quiet : *Bryonia*.

Mucous membranes, remarkable paleness of the : *Phosphorus*.

Oedematous infiltration of tissues : *Kali hydriodicum*.

— tendencies : *Arsenicum*.

Paleness, remarkable, of mucous membranes : *Phosphorus*.

Paralytic weakness : *Rhus*.

Periodical, or intermitting symptoms : *Arsenicum, China*.

Prostration : *China, Chloral, Lachesis, Sanguinaria*.

— after slight exertion : *Lachesis*.

— intense : *Lachesis*.

— muscular strength utterly gone : *Chloral*.

— profound : *Sanguinaria*.

— with neither thirst nor hunger : *China*.

Restlessness : *Arnica, Arsenicum, Cuprum, Mercurius, Rhus*.

— constantly changes position : *Arnica, Rhus*.

— — especially at night : *Rhus*.

— — the bed on which he lies feels so hard it makes him
tired : *Arnica*.

— nervous trembling, with : *Cuprum*,

— sleeplessness, with : *Rhus*.

— and uneasiness : *Rhus*.

Sensitiveness, excessive, of the nervous system : *China*.

— to the (cool) air : *Phosphorus, Rhus*.

Sighing, constant : *Secale*.

Soreness : *Arnica*, *Bryonia*, *Rhus*.

— with great debility : *Rhus*,

— tired and bruised : *Arnica*.

Stiffness and debility : *Rhus*.

Stitching pains in various parts of the body, aggravated by least motion : *Bryonia*.

Syncope : *Lachesis*.

Tearing pains, worse from movement, therefore keeps very still : *Bryonia*.

Vaso-motor paralysis : *Chloral*, *Sanguinaria*.

Weakness : *Arsenicum*, *Cuprum*, *Phosphorus*, *Rhus*, *Sanguinaria*, *Secale*, *Sulphuric-acid*.

— muscular : *Chloral*, *Cuprum*, *Rhus*, *Sanguinaria*.

— with sensation of tremor all over the body, without trembling : *Sulphuric-acid*.

— with paralytic heaviness of the legs and feet : *Rhus*.

MIND AND DISPOSITION.

Angry, inclined to be, and exceedingly irritable : *Bryonia*.

— at trifles : *Arsenicum*.

Alone, when, feels worse : *Phosphorus*.

Anxiety and fear of death : *Secale*.

— of conscience : *Ferrum*.

— when alone : *Phosphorus*.

Apathy : *China*.

Arrogance : *Lachesis*.

— thinks himself important : *Cuprum*, *Ferrum*, *Lycopodium*.

Benumbed, all the special senses : *Secale*.

Brain beats in waves against the skull : *China*.

Confusion of thought, cannot keep the mind to one idea : *Chloral*.

Death, fear of : *Rhus*, *Secale*.

— — with great anxiety : *Secale*.

— — fears he will be poisoned : *Rhus*.

Defiant mood : *Arnica*, *Lycopodium*.

Delirium tremens, the mental phenomena of, when not caused by alcohol : *Chloral*.

Discontented : *Rhus*.

Dreams of great exertion, as rowing, swimming, etc. : *Rhus*.

— about business or household affairs : *Bryonia*.

— vivid or frightful : *Bryonia*.

Efforts, mental, aggravate all the symptoms : *China*.

Exhaustion, mental : *Lachesis*.

Fatigue, mental : *Ledum*.

Fear of death : *Arsenicum*, *Lachesis*.

Forgetfulness : *Lachesis*.

Fretfulness : *Arsenicum*, *Bryonia*, *Phosphorus*.

Haughtiness : *Lycopodium*.

Headache :

— intense : *China*.

— red face, with : *Rhus*.

— rush of blood to head : *Rhus*.

— throbbing : *China*, *Rhus*.

— — after loss of blood : *China*.

Hurry, wants to do everything in a : *Sulphuric-acid*.

Ideas, slow train of : *China*.

Ill-humor : *Bryonia*, *China*, *Phosphorus*.

Impatient at the least trifle : *Sanguinaria*.

Inability for mental labor : *Lycopodium*.

Indifference : *Arsenicum*, *China*, *Cuprum*.

— says he is well : *Arnica*.

— apathetic : *China*, *Phosphorus*.

Irritable : *Cuprum*, *Iodum*, *Lycopodium*, *Mercurius*, *Phosphorus*, *Sulphuric-acid*.

— at the least trifle : *Sanguinaria*.

— she could break things to pieces without any cause : *Sanguinaria*.

Loquaciousness : *Lachesis*.

— talks to himself : *Rhus*.

Melancholy : *Arsenicum*, *Crotalus*, *Lachesis*, *Lycopodium*, *Rhus*.

Mind clear, then unconscious, followed by inability to concentrate the mind : *Terebinthina*.

- Morose**, very, and needlessly anxious : *Bryonia*, *Ledum*.
Oversensitive to external impressions : light, odors, noises, contact : *Phosphorus*.
Quick-witted : *Phosphorus*.
Restlessness : *Arsenicum*, *Cuprum*.
 — as if some misfortune was impending : *Cuprum*.
Sadness : *Crotalus*.
 — recurring regularly at twilight : *Phosphorus*.
Sensitive disposition : *Phosphorus*.
Sighing, constant : *Bryonia*, *Secale*.
Sleepiness : *China*, *Ledum*, *Lycopodium*, *Phosphorus*.
 — with sleeplessness until midnight : *Rhus*.
Speech slow and weak : *Secale*.
Timidity : *Bryonia*, *Lycopodium*, *Sulphuric-acid*.
 — associated with a sense of extreme fatigue : *Phosphorus*.
Tremulous weakness, as from impending evil : *Crotalus*.
Uneasiness, constant, cannot lie still, must change position : *Arsenicum*.
Vertigo, worse from turning or stooping, or when rising from lying : *Rhus*.
Weakness, tremulous, as from impending evil : *Crotalus*.
Weeps much : *Cuprum*.

EYES.

- Black** flickering before eyes : *Lachesis*.
Blindness, transitory : *Chloral*, *Mercurius*, *Phosphorus*.
Bloodshot : *Chloral*, *Phosphorus*, *Rhus*.
 — and constantly watering : *Chloral*.
 — a slight knock near the eye involved the whole eye : *Phosphorus*.
Blue margin around : *China*, *Secale*.
Blue spots on conjunctiva : *Arsenicum*.
Diplopia : *Chloral*, *Iodum*, *Lycopodium*, *Rhus*, *Secale*.
Distorted : *Cuprum*, *Lachesis*, *Secale*.
Escoriating discharges : *Arsenicum*.
Eyelids droop : *Chloral*, *Mercurius*.
 — œdematous : *Phosphorus*.

Fire, glare of, intolerable : *Mercurius*.

Glassy : *Bryonia*.

Haggard : *Arsenicum, Cuprum, Secale*.

Hæmorrhage from eyes : *Crotalus, Phosphorus*.

Hemiopia : *Lycopodium*.

Herpes on lids : *Bryonia*.

Inflamed : *Arsenicum, Bryonia, Ledum, Lycopodium, Rhus, Sulphuric-acid, Mercurius, Phosphorus*.

Lachrymation : *Ferrum, Ledum, Lycopodium, Mercurius, Phosphorus, Rhus, Sulphuric-acid*.

Motionless : *Arnica*.

Pale, everything looks : *Rhus*.

Petechiæ on conjunctiva : *Crotalus*.

Photophobia : *Bryonia, Chloral, Mercurius, Phosphorus*.

Sight, dimness of : *China, Chloral, Secale*.

— — everything looks black : *Phosphorus*.

— — when moving the head : *Secale*.

— — when rising up in bed everything turns black before the eyes : *Secale*.

— — everything looks blue : *Lachesis*.

Scabs on lids : *Mercurius*.

Sunken : *Arsenicum, Secale*.

Swollen : *Rhus*.

— lids : *Arsenicum*.

Tingling, crawling, around eyes : *Arnica*.

Tremor of lids : *Iodum*.

Veil, gray, before eyes : *Phosphorus*.

Veins distended and red : *Mercurius*.

EARS.

Bruising pain in ears : *Arnica, Ruta*.

Dryness, sensation of : *Phosphorus*.

Hardness of hearing : *Arnica, China, Iodum, Ledum, Lycopodium, Mercurius, Phosphorus, Secale, Sulphuric-acid*.

Hæmorrhage from ears : *Crotalus, Phosphorus*.

Humming in ears : *China*.

Otalgia : *Mercurius*.

Rending, tearing, in ears : *Mercurius, Phosphorus.*

Ringin in the ears : *China.*

Roaring in the ears, with great difficulty of hearing : *Secale.*

Stinging, stitches, in ears : *Arnica, Mercurius, Phosphorus.*

N O S E .

Bleeding : *China, Crotalus, Erigeron, Hamamelis, Lachesis, Phosphorus, Rhus, Secale, Terebinthina.*

— affords great relief : *Hamamelis.*

— black : *Lachesis, Secale.*

— blows much blood from nose : *Phosphorus.*

— bright : *Ledum.*

— clotted : *China, Ferrum, Secale.*

— coagulated, worse at night : *Rhus.*

— constant : *Secale.*

— exertion, slight, causes : *Phosphorus.*

— nose continually full of coagulated blood : *Ferrum.*

— straining at stool causes : *Phosphorus.*

— thin but soon coagulates : *China.*

— trickling of blood from nose : *Lachesis.*

— pale : *Arnica, Ledum, Phosphorus, Rhus, Secale.*

— violet : *Terebinthina.*

— with pale face and ringing in ears : *China.*

Coryza with pain in the frontal sinuses : *Kali-hydriodicum.*

Smell, sense of, benumbed : *Secale.*

Tightness, feeling of, across the bridge of the nose : *Hamamelis.*

F A C E .

Anxious : *Cuprum.*

Benumbed sensation over whole forehead : *Hamamelis.*

Blackish : *China.*

— lips : *Arsenicum, China.*

Bloated : *Arsenicum, Bryonia, China, Phosphorus.*

Blue : *Arsenicum.*

— circles around eyes : *China, Phosphorus, Secale.*

— lips : *Cuprum.*

Brown : *Iodum.*

Burning sensation : *Arsenicum, Kali-hydriodicum.*

- Cracked lips** : *Arnica, Arsenicum, Bryonia, Mercurius.*
Crowding pressure in the forehead between the eyes : *Hamamelis.*
Dark red : *Secale.*
 — with burning : *Rhus.*
Discolored : *Crotulus, Secale.*
Disfigured . *Arsenicum, Iodum.*
Distorted : *Cuprum.*
Dry lips : *Bryonia, China.*
 — and black : *Phosphorus.*
Earthy : *Arsenicum, China, Ferrum, Lycopodium, Mercurius.*
Fiery red : *Rhus.*
Haggard : *Chloral.*
Heat, sensation of : *Arnica, Bryonia, Ferrum, Rhus.*
Hippocratic : *Arsenicum, China, Phosphorus, Secale.*
Hollow : *China.*
Leadен : *Arsenicum, Lachesis, Mercurius.*
Livid : *China.*
Lumps, indurations : *Ledum.*
Pale : *Arnica, China, Cuprum, Iodum, Lycopodium, Mercurius, Phosphorus, Secale.*
Red cheeks, circumscribed : *Sanguinaria.*
Redness, intensely suffused with a deep : *Chloral.*
Sunken : *Arnica, Arsenicum, China, Ferrum, Phosphorus, Secale.*
White of egg, as if, had dried on it : *Sulphuric-acid.*

MOUTH.

- Bleeding, excessive and prolonged** : *Phosphorus.*
 — — from a tooth cavity : *Phosphorus.*
Breath fetid : *Chloral, Kali-hydriodicum.*
 — offensive : *Lachesis, Phosphorus.*
Blood blisters : *Arsenicum.*
Dry : *Berberis, Cuprum, China, Lachesis, Lycopodium, Rhus.*
Expectoration streaked with blood : *Terebinthina.*
Gums, bleeding : *Phosphorus, Sanguinaria.*
 — — from slight causes : *Phosphorus.*
 — spongy : *Chloral, Sanguinaria.*
 — — and swollen : *Kali-hydriodicum.*

Gums ulcerated : *Cuprum*.

Petechiæ : *Crotalus*, *Phosphorus*.

Raw, mucous membrane : *Chloral*.

Saliva, bloody : *Arsenicum*, *Phosphorus*, *Rhus*.

— profuse : *Kali-hydriodicum*.

— gummy : *Lachesis*.

Thirst : *Arsenicum*, *China*, *Mercurius*, *Phosphorus*, *Secale*.

— burning : *Arsenicum*.

— intense : *Lachesis*.

Tongue blistered and ulcerated : *Chloral*.

— burning like fire : *Terebinthina*.

— red, smooth and glossy : *Terebinthina*.

STOMACH.

Acids, longing for : *Phosphorus*.

Anorexia : *China*, *Ferrum-phosphoricum*, *Lycopodium*, *Rhus*,
Sanguinaria.

— aversion to butter : *Sanguinaria*.

— longing for indefinite things, with : *Sanguinaria*.

— no desire for food : *China*, *Sanguinaria*.

— with uncertain cravings : *Sanguinaria*.

Bitter, food especially bread tastes : *Rhus*.

Burning pain : *Arsenicum*, *Bryonia*, *Phosphorus*, *Sanguinaria*.

Disagreeable sensation : *Sanguinaria*.

Eructations : *Arnica*, *Bryonia*, *China*, *Sulphuric-acid*.

— bad odor, of : *Sanguinaria*.

— frequent : *Sanguinaria*.

— spasmodic : *Sanguinaria*.

— sour, after milk : *China*.

Gastrodynia : *Bryonia*, *Phosphorus*.

— violent but transient : *Sanguinaria*.

Heartburn : *Iodum*, *Sulphuric-acid*.

— after milk : *China*.

Hæmatemesis : *China*, *Crotalus*, *Lachesis*, *Phosphorus*.

Hunger : *Iodum*, *Rhus*, *Secale*.

— ravenous : *Iodum*.

— without appetite : *Rhus*.

Indigestion : *Mercurius*.

— sensation as of : *Sanguinaria*.

Nausea : *Arsenicum, Bryonia, Cuprum, Iodum, Lachesis, Lycopodium, Mercurius, Phosphorus, Rhus, Secale*.

— with burning at stomach : *Sanguinaria*.

— regurgitation and disposition to vomit : *Sanguinaria*.

Paralysis, partial, of deglutition : *Chloral*.

Qualmishness : *Sanguinaria*.

Regurgitation of food, and disposition to vomit : *Sanguinaria*.

Spicy things, longing for : *Phosphorus*.

Thirst : *Arsenicum, Bryonia, China, Iodum, Mercurius*.

— for cooling drinks, which relieve the gastro-intestinal symptoms : *Cuprum*.

— cold milk, for : *Rhus*.

— sour drinks, for : *China*.

Vomiting : *Arsenicum, Cuprum, Lycopodium, Phosphorus*.

— bitter : *Arnica, Bryonia, Sanguinaria*.

— blood : *Arnica, Phosphorus*.

ABDOMEN.

Ascites : *Arsenicum, China, Ledum, Mercurius*.

Atrophy of liver, acute : *Phosphorus*.

Bleeding from anus : *Crotalus, Mercurius, Phosphorus*.

— and other openings of the body : *Crotalus*.

Blood, discharged from rectum during stool : *Phosphorus*.

Bloody stools : *China, Rhus*.

— painless : *China*.

Burning pain in : *Arsenicum*.

— in rectum : *Arsenicum*.

Coldness, sensation of : *Terebinthina*.

Colic : *Cuprum, Ferrum, Secale*.

Constipation : *Bryonia, Lachesis, Lycopodium, Phosphorus, Sanguinaria, Sulphuric-acid*.

— alternating with diarrhoea : *Iodum*.

— the fœces being slender, long, narrow, dry, tough, and hard like a dog's ; voided with great difficulty : *Phosphorus*.

Cramps : *Bryonia, Cuprum, Rhus*.

Cramps, with convulsions : *Cuprum.*

Cutting pain in : *Arsenicum, Bryonia, Lycopodium, Mercurius, Sulphuric-acid.*

Diarrhœa : *Arnica, Arsenicum, Bryonia, China, Cuprum, Mercurius, Phosphorus, Rhus.*

— gelatinous : *Chloral.*

Flatulence : *China, Phosphorus.*

— obstructed : *Iodum, Lycopodium, Phosphorus.*

Glands inflamed : *Mercurius.*

— painful : *Mercurius, Terebinthina.*

— swollen : *Iodum, Mercurius.*

— — mesenteric : *Arsenicum.*

Gripping, pinching, pain in : *Lycopodium, Mercurius, Sulphuric-acid.*

Hardness of : *Arsenicum.*

Hæmorrhoids : *Arsenicum, Ferrum, Phosphorus, Sanguinaria.*

— burn like fire, and bleed profusely : *Phosphorus.*

Itching at anus : *Lycopodium.*

Melæna : *Crotalus.*

Mucus discharged from anus : *Mercurius, Phosphorus.*

— serous : *Kali-hydriodicum.*

Paralysis of intestinal canal : *Phosphorus.*

Pressing pain in : *China, Cuprum, Terebinthina.*

Prolapsus of rectum : *Lachesis, Lycopodium, Mercurius.*

Rending, tearing, pain in : *Phosphorus.*

Spleen enlarged : *Arnica, Phosphorus.*

Stinging, stitches, in : *Bryonia.*

Stools, frequent but natural : *Sanguinaria.*

— soft : *Sanguinaria.*

Swollen : *Iodum.*

Tenesmus : *Mercurius.*

Throbbing : *Sanguinaria.*

Twitching in : *Rhus, Sulphuric-acid.*

Varices about inguinal : *Berberis.*

Weakness and emptiness, sensation of, in abdomen : *Phosphorus.*

URINARY ORGANS.

Albuminuria : *Phosphorus*.

Blood discharged from urethra : *Cantharis, Lycopodium, Secale*.

Bloody urine : *Phosphorus, Terebinthina*.

— the blood is thoroughly mixed with the urine : *Terebinthina*.

Blood-red urine, discharge of a few drops of : *Rhus*.

Dysuria : *Arsenicum, Cantharis*.

— urine scanty : *Erigeron*.

Glycosuria : *Phosphorus*.

Scanty urine : *China, Erigeron, Terebinthina*

— depositing brick-dust sediment : *China*.

— — epithelial sediment : *Terebinthina*.

Strangury : *Cantharis*.

— with great loss of blood : *Terebinthina*.

Turbid : *Mercurius*.

— brick-dust sediment : *China*.

— epithelial sediment : *Terebinthina*.

Unconscious urination : *Chloral*.

MALE GENITALS.

Aversion to coition, or irresistable desire : *Phosphorus*.

Scrotum, blue spots on : *Arsenicum, Phosphorus*.

FEMALE GENITALS.

Menses coagulated : *Arnica, China, Ferrum, Rhus*.

— dark : *China, Lachesis*.

— pale : *Berberis, China*.

— — with dark coagula : *China*.

— profuse : *Lachesis*.

— — dark, coagulated : *Lachesis*.

— — with pressing downward : *Lachesis*.

— suppressed : *Bryonia, Cuprum, Lycopodium*.

— — with violent, unbearable cramps : *Cuprum*.

— watery, *Berberis, China, Phosphorus*.

THROAT AND CHEST.

Anxious respiration : *Secale*.

Bloody expectoration : *Arnica, Bryonia, Ferrum, Iodum, Lycopodium, Rhus, Phosphorus, Sulphuric-acid.*

— spitting, from throat : *Crotalus.*

Cold air, longing for : *Lachesis.*

Dryness in throat, without thirst : *Lachesis.*

Dyspnœa : *Arsenicum, Iodum, Lachesis, Phosphorus.*

-- cannot breathe with head low : *China.*

— expiration easier than inspiration : *Chloral.*

— as from inhaling acrid vapors : *Cuprum.*

— shortness of breath : *Lachesis.*

Hæmorrhage : *Arnica, China, Ferrum, Phosphorus, Rhus.*

— clearing throat causes : *Phosphorus.*

— coughing causes : *Phosphorus.*

— — during : *Lachesis.*

Hoarseness : *Iodum, Mercurius, Phosphorus, Rhus, Sulphuric-acid.*

Suffocative sensation on awaking : *Lachesis.*

— — when lying, must sit up : *Arsenicum.*

HEART AND CIRCULATION.

Cardiac derangements caused : *Phosphorus.*

Debility of the heart : *Crotalus.*

Fever : *Arnica, Arsenicum, Bryonia, China, Lycopodium, Mercurius, Phosphorus, Rhus.*

— begins at 2 P. M., and lasts until morning : *Sanguinaria.*

— intense paroxysms : *Lachesis.*

— intermitting : *Arsenicum, China, Rhus, Sanguinaria.*

— long-lasting, and coming on at irregular intervals : *China.*

Palpitations : *Arsenicum, Bryonia, Iodum, Lycopodium, Mercurius, Phosphorus, Secale, Sulphuric-acid.*

— even while sitting : *Phosphorus.*

Pulse accelerated : *Lachesis, Rhus.*

— faint : *Rhus.*

— feeble : *Crotalus.*

— imperceptible : *Cuprum, Rhus.*

— — almost : *Crotalus.*

— intermittent : *China, Secale.*

Pulse, irritable : *Chloral*.

— languid : *Crotalus*.

— rapid : *Bryonia*, *Iodum*, *Lachesis*, *Mercurius*, *Phosphorus*.

— sluggish : *Crotalus*.

— small : *Cuprum*, *Secale*.

— soft : *Ferrum*, *Rhus*.

— thread-like : *Crotalus*.

— trembling : *Crotalus*, *Rhus*.

— weak : *Chloral*, *Crotalus*, *Rhus*.

Tumbled over, a feeling as if the heart : *Crotalus*.

EXTREMITIES AND BACK.

Aching in extremities, constant, exhausting : *Lachesis*.

Anasarca in arms : *Sanguinaria*.

— — worse afternoons : *Sanguinaria*.

Beaten, arms as if they had been : *Ledum*.

Bruised, arms as if : *Ledum*.

Burning pain in hands : *Sanguinaria*.

— spot on thumb : *Lachesis*.

Chilliness in the extremities : *Cuprum*.

Crawling or prickling sensation of the surface of the fingers especially the tips : *Rhus*.

Cutting pain in joints of fingers : *Sanguinaria*.

Hands swollen : *Crotalus*.

Paralysis of limbs, without loss of sensibility : *Cuprum*.

Purpura begins on shoulders and forearm : *Chloral*.

— begins arms and legs : *Lachesis*.

Redness of hands, with violent burning : *Sanguinaria*.

Rheumatoid pain in right forearm : *Sanguinaria*.

Severe pain about the joints, worse in moist and cold weather : *Chloral*.

Tearing and burning in the shoulder and arm : *Rhus*.

Ulcerative pain in right thumb : *Sanguinaria*.

— extending to other fingers, one after another : *Sanguinaria*.

Violent pain in right hand, close to index finger : *Sanguinaria*.

Lumbar and sacral region, bruised pain, with stiffness, lame-

ness, and numbness, worse while sitting or lying :
Berberis.

Paralysis of muscles of back, without loss of sensibility :
Cuprum.

Purpura most pronounced on buttocks : *Sanguinaria.*

Purpuric spots larger posteriorly than anteriorly : *Sanguinaria.*

— larger on the lower than upper extremities : *Sanguinaria.*

Rheumatoid pain in shoulders and arms (when touched) :
Sanguinaria.

Stiffness of the nape of the neck ; *Sanguinaria.*

Violent pain in shoulder-joint : *Sanguinaria.*

Anasarca, lower extremities : *Sanguinaria.*

— worse afternoons : *Sanguinaria.*

Beaten, legs feel as though they had been : *Ledum.*

Bruised, legs as if : *Ledum.*

Bruise-like pain in thighs, worse at night : *Sanguinaria.*

Burned, legs pain as if : *Lachesis.*

Burning pains in the legs (every night till midnight) : *Sanguinaria.*

— in feet, worse at night : *Sanguinaria.*

Clumsy in walking : *Sanguinaria.*

Cramps in the legs and feet, with great restlessness : extensor
 muscles most prominently affected : *Cuprum.*

Icy-coldness of feet : *Lachesis.*

Purpura on lower extremities especially : *Crotalus, Iodum.*

Rheumatoid pains in the limbs, with numbness and tingling :
Rhus.

Stiffness in walking : *Sanguinaria.*

Stiffness and tension in hollow and sides of the knee : *Sanguinaria.*

— and swelling of the joints : *Rhus.*

Swollen feet : *Crotalus.*

Veins of the abdomen and thighs, protuberent and arborescent : *Phosphorus.*

Weak knees : *Sanguinaria.*

SLEEP AND DREAMS.

Drowsy but unable to sleep : *Bryonia, Crota-lus, Ferrum, Lachesis, Secale*.

— afraid to sleep, so much worse after : *Lachesis*.

Insomnia : *Arsenicum, Bryonia, Iodum, Phosphorus, Lachesis, Ledum, Sanguinaria*.

Restless sleep : *Arsenicum, Lachesis, Phosphorus, Rhus, Sanguinaria*.

— tossing all night, with troublesome dreams : *Sanguinaria*.

— many busy, unpleasant dreams : *Rhus, Sanguinaria*.

— difficulty of falling asleep, followed by frightful dreams : *Phosphorus*.

Somnolence, tendency to : *Chloral*.

Starting, frequent, during sleep : *Arsenicum*.

Worse after sleep : *Crotalus, Lachesis*.

STAGES AND STATES.

Afternoon aggravations : *Cantharis, Iodum, Lycopodium, Sanguinaria*.

— every other : *Lycopodium*.

Alone, aggravation when : *Arsenicum, Lachesis, Lycopodium*.

Arthritic pains, with : *Bryonia, Ledum, Lycopodium, Mercurius, Rhus*.

Awaking on, worse : *Arsenicum, Lachesis*.

— better : *Phosphorus*.

Caused by alcoholism, chronic : *Crotalus, Lachesis*.

— debility from fevers : *Arsenicum, China, Lachesis*.

— lack of nourishment : *Arsenicum*.

— living in damp places : *Terebinthina*.

— vaso-motor paralysis : *Chloral*.

Constant change of symptoms : *Sanguinaria*.

Crops, the purpuric spots come in : *Crotalus, Lachesis, Sanguinaria*.

Evening aggravation : *Arnica, Lachesis, Lycopodium, Secale*.

Exertion of body aggravates : *Arnica, Arsenicum, Bryonia, Lycopodium, Rhus*.

Forenoon aggravation : *Sulphuric-acid*.

Midnight aggravation, about : *Arsenicum, Ferrum, Rhus*.

Morning aggravation : *Phosphorus*.

Relieved, pains, by perspiration : *Sanguinaria*.

— — by warmth : *Arsenicum*.

Worse from changes in the weather : *Phosphorus*.

— emotional excitement : *Phosphorus*.

— heat applied to any part of the body : *Secale*.

— at night : *Arsenicum, Rhus, Sanguinaria*.

— stimulants, from : *Chloral*.

Winter, aggravation during : *Rhus*.

Anæmic persons : *Arsenicum*.

Animal fluids, loss of, caused : *China, Ferrum, Iodum, Lycopodium*.

Broken-down constitutions : *China, Crotalus*.

Children who have grown rapidly : *Phosphorus*.

Chlorotic girls : *Ferrum, Lycopodium*.

Elderly persons, particularly women : *China, Phosphorus, Sulphuric-acid*.

Dropsy, with : *Arsenicum, China, Lycopodium*.

— after purpura : *Helleborus*.

Emaciation, with : *Arsenicum, China, Ferrum, Iodum, Lycopodium*.

Fair complexioned persons : *Phosphorus*.

Gouty diathesis : *Ledum*.

Hysterical women : *Bryonia, Phosphorus*.

Plethoric persons : *Ferrum, Lycopodium*.

Rheumatic persons : *Arnica, Bryonia, China, Ledum, Mercurius, Rhus*.

— disposition : *Phosphorus*.

Scrofulous and syphilitic persons : *Kali-hydriodicum*.

Stout persons : *Crotalus*.

Swarthy persons : *China*.

Tuberculosis : *Arsenicum*.

Varicose diathesis : *Hamanelis*.

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